FISCAL YEAR 2017-18 FEE SCHEDULE "B" EFFECTIVE DATE: JULY 1, 2017

Department Name: Fund Center: Administrative Office

| | | | | | | | | | _ |
|-------------|-----------|---------------------------------------|--------------------------|---------------|------------|----------------|------------|----------------------------------|--|
| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FEE | SCHEDULE | DIFFERENCE | |
| | | | | | | | | | |
| | | | | Curren | nt Fee | Proposed Fee | | \$ Difference from Prior Year | |
| Fee | Fee | | | | | | | | |
| Indicator # | Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 2000 | | Budget Book (Proposed or Final) | Gov Code 6257 & 54985 | | | | | | Budget book is available on-line charge. |
| 2001 | Increased | County Budget Book | | \$43.00 | each | \$46.00 | each | \$3.00 | |

Department Name: Auditor-Controller

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FEE | SCHEDULE | DIFFERENCE | |
|-------------------|-----------------|---|--------------------------|---------------|------------|----------------|------------|----------------------------------|----------------|
| | | | | Currer | it Fee | Proposed Fee | | \$ Difference from Prior Year | |
| Fee ndicator # | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 3000 | | Publications For the Public | Gov Code 6257 & 54985 | | | | | | |
| 3002 | Increase | Final Budget | | \$43.00 | each | \$46.00 | each | \$3.00 | See footnote 1 |
| 3003 | Increase | Comprehensive Annual Financial Report | | \$10.00 | each | \$13.00 | each | \$3.00 | See footnote 1 |

| Footnote # | Footnote Narrative |
|------------|---|
| 1 | These documents are available on the ACTTC and Admin Office websites. |

Department Name: Fund Center: Treasurer Tax Collector

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FE | E SCHEDULE | DIFFERENCE | |
|--------------|-----------|---|--|---------------|------------|----------------------------------|------------|------------|-------------|
| | | | Current Fee Proposed Fee | | | \$ Difference from Prior Year | | | |
| ee Indicator | Fee | - D | A 11 11 | | | _ , | | | |
| # 1000 | Category | Fee Description Treasury Department | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 1001 | increased | | Gov Code 6157 | \$36.00 | per Check | \$37.00 | per Check | \$1.00 | Footnote #1 |
| 2000 | | Tax Department | | | · | | • | | |
| 2006 | increased | Redemption Installment Plan Reinstatement Fee | R & T 4217 & 4222 | \$48.00 | | \$49.00 | | \$1.00 | Footnote #1 |
| 2009 | increased | Search/Noticing Fee | R & T 3701, 3799, 3800, 4112. (a) (1), 4672.2 & Gov Code 54985 (a) | \$154.00 | per assmt | \$155.00 | per assmt | \$1.00 | Footnote #1 |
| 2016 | increased | | R & T 2922 (e) | \$16.00 | | \$17.00 | | \$1.00 | Footnote #1 |
| 2018 | increased | Timeshare Separate Bill Fee | R & T 2188.8 (g) | \$10.04 | | \$10.18 | | \$0.14 | Footnote #9 |
| 3000 | | BUSINESS LICENSES: | | | | | | | |
| 3002 | increased | (General License) | BL Ord 6.00.005 & 6.12.010; Bus. & Prof Code 16100 (a) | \$35.00 | | \$36.00 | | \$1.00 | Footnote #1 |
| 3003 | increased | License) | BL Ord 6.00.005 & 6.12.010; Bus. & Prof Code 16100 (a) | \$26.00 | | \$27.00 | | \$1.00 | Footnote #1 |
| 4000 | | Specific License Fee: | _ | _ | | | _ | | |

| Footnote # | Footnote Narrative |
|------------|--|
| | The Department reviewed the time studies, pertinent code sections, and reasonableness of the current fees. Direct costs have been added where applicable. Generally, costs |
| , | 1 are rounded down to the nearest \$1.00 to determine the fee. |
| | The timeshare separate bill fee is a composite fee between the Tax Collector and Assessor's offices. The fee reflects the additional cost required to split a single property into as many as a hundred separate timeshare segments. Due to many variable factors the Assessor's actual cost cannot be calculated until the work is completed, but is typically \$.30 to \$.40. This amount once calculated will be added to the Tax Collector's fee and the total applied to the timeshare property tax bills by the Auditor. The revenue from this fee is Non-Departmental General Fund revenue. |

Department Name: Assessor Assessor Fund Center: 109

| | | | | FY 2016-17 F | EE SCHEDULE | FY 2017-18 FE | E SCHEDULE | DIFFERENCE | |
|----------------------------|-----------------|--|---|--------------|--|---------------|--|--|-------------|
| | | | | Curr | ent Fee | Proposed Fee | | | |
| Fee Indicator # 1000 | Fee Category | Fee Description Assessor's Maps: Hard copy or on | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | \$ Difference from Prior Year Fee Amount | Comments |
| 1003 | Increase | CD Parcel Boundary Change | Revenue & Taxation Code 409 | \$300.00 | Per Request Maximum of Four | \$307.00 | Per Request Maximum of Four | \$7.00 | |
| 1004 | Increase | Tract Map Bond | Gov Code 66451.2 & 66014(a) | \$130.00 | Per Request | \$135.00 | Per Request | \$5.00 | |
| 3000 | | Computer Generated Reports: | | | | | | | |
| 3001 | Decrease | Processing Fee | Gov Code 6253.9 | \$70.00 | Per Hour + .05/APN | \$67.00 | Per Hour + .05/APN | (\$3.00) | Footnote #8 |
| 3002 | Decrease | Parcel Reports | Gov Code 6253.9 | \$70.00 | Per Hour minimum \$100.00 + .05/APN | \$67.00 | Per Hour minimum \$100.00 + .05/APN | (\$3.00) | Footnote #3 |
| 3003 | Decrease | Name and Address Labels | Gov Code 6253.9 | \$70.00 | Per Hour minimum \$100.00 + .05/APN | \$67.00 | Per Hour minimum \$100.00 + .05/APN | (\$3.00) | Footnote #3 |
| 3004 | Decrease | Programming Changes Labor Rate | Gov Code 6253.9 | \$70.00 | Per hour + ITD fee | \$67.00 | Per hour + ITD fee | (\$3.00) | Footnote #4 |
| 3008 | Increase | Custom GIS Reports | Gov Code 6253.9 | \$85.00 | Per Hour + .05/APN | \$93.00 | Per Hour + .05/APN | \$8.00 | Footnote #7 |
| 4000 | | Property Attributes: | | | | | | | |
| 4004 | Increase | Index Maps | Gov Code 6253.9 | \$10.00 | Per Map | \$11.00 | Per Map | \$1.00 | |
| 4006 | Decrease | Existing separate tax bill - timeshare, Not Dept Revenue | CA Revenue & Taxation Code, Sec. 2188.8 | \$77.00 | Hour | \$72.00 | Hour | (\$5.00) | |

Department Name: Assessc Assessor **Fund Center:** 109

| | | | | FY 2016-17 F | EE SCHEDULE | FY 2017-18 FEI | SCHEDULE | DIFFERENCE | |
|---------------|----------|------------------------------|--------------------------------|--------------|-------------|----------------|------------|--------------------------------------|----------|
| | | | | | | | | | |
| | | | | _ | | | | | |
| | | | | Current Fee | | Proposed Fee | | | |
| Fee Indicator | Fee | | | | | | | \$ Difference from Prior Year Fee | |
| # | Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Amount | Comments |
| 4007 | | Initial Separate Tax Bill | CA. R&T Code Section 2188.8 | \$77.00 | Hour | \$72.00 | Hour | (\$5.00) | |

| Footnote # | Footnote Narrative |
|------------|--|
| (| \$100 minimum fee, \$2,500 maximum |
| 4 | This is an estimate with actual costs being charged once work is completed. If necessary, ITD fees will also be added. |
| - | Custom GIS Research & Processing |
| 3 | In addition to the proposed \$70.00 per hour there is an additional cost of .05 cents per APN. |

Department Name: Fund Center: Clerk-Recorder

| | | | Ī | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FEE | SCHEDULE | DIFFERENCE | |
|--------------------|-----------------|-----------------|-----------|---------------|----------------|----------------|-------------------|----------------------------------|---|
| | | | | Current Fee | | Proposed Fee | | \$ Difference from Prior Year | |
| Fee Indicator # | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 10010 | | | BOS | \$14.00 | 2 color photos | \$0.00 | 2 color photos | (\$14.00) | Approved by BOS 08/07/2007. This service is no longer being offered. With the department no longer a passport |
| | | | 1 | | | | | | acceptance agency, customers aren't utilizing the photo service and the supplies are going bad before they can be used. |

Department Name: Human Resources

| | | | | FY 2016-17 FEE | SCHEDULE | FY 2017-18 FEE | SCHEDULE | DIFFERENCE | |
|-------------------|-----------------|--|-----------|----------------|------------|----------------|------------|----------------------------------|-------------|
| | | | | Current Fee | | Proposed Fee | | \$ Difference from Prior Year | |
| Fee Indicator# | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 2000 | Increased | Research/Special Project Rate | · | | | | | | |
| 2001 | Increased | Para-Professional Staff | | \$71.03 | hour | \$74.41 | hour | \$3.38 | |
| 2002 | Increased | Admin Support Staff ¹ | | \$50.64 | hour | \$56.82 | hour | \$6.18 | Footnote 1. |
| 2003 | Increased | Professional Staff | | \$102.85 | hour | \$118.22 | hour | \$15.37 | |
| 2005 | Increased | Outside Agency Fee (no legal services) | | \$92.25 | hour | \$103.61 | hour | \$11.36 | |

| Footnote # | Footnote Narrative |
|------------|--|
| 1 | Fee applies to preparation of administrative records (related to the Civil Service |
| | Commission), not subpoenas that are capped at \$24/hr. by Calif. Evidence Code. |

Department Name: Fund Center: Information Technology

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FI | EE SCHEDULE | DIFFERENCE | 7 |
|------------------|-----------------|--|--|---|---------------------|---|---------------------|----------------------------------|----------|
| | | | | Curre | nt Fee | Proposed Fee | | \$ Difference from Prior Year | |
| Fee ndicator# | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 1001 | Increase | Radio Communications Services | Additionty | \$112.92 | hour | \$129.82 | hour | \$16.90 | Comments |
| 2000 | | Voice Communications | | | | | | | |
| 2001 | Increase | Voice Support | | \$0.73 | line/month | \$1.42 | line/month | \$0.69 | |
| 2002 | Decrease | Voice Mail Box | | \$3.57 | line/month | \$3.09 | line/month | (\$0.48) | |
| 3000 | | Networked Services | | | | | | | |
| 3001 | Increase | Productivity/Collab oration (formerly Groupware) | | \$27.71 | account/month | \$29.59 | account/month | \$1.88 | 3 |
| 3002 | Increase | Network Connection | | \$44.19 | account/month | \$47.91 | account/month | \$3.72 | |
| 3003 | Increase | External User Access | | \$8.97 | account/month | \$9.69 | account/month | \$0.72 | |
| 3004 | Increase | Enterprise Services | | \$4,435,005.00 | actual cost | \$4,871,674.00 | actual cost | \$436,669.00 | 2, 3 |
| 3005 | Increase | Server Housing | | \$16.18 | rack unit | \$17.79 | rack unit | \$1.61 | |
| 3006 | Increase | Virtual Server (Blade Center) | | \$33.56 | per server/month | \$37.07 | per server/month | \$3.51 | |
| 3007 | Decrease | General Consulting | | \$120.49 | hour | \$117.11 | hour | (\$3.38) | |
| 3008 | Increase | Desktop Consulting | | \$100.70 | hour | \$108.73 | hour | \$8.03 | |
| 3010 | Decrease | Virtual Server Memory | | \$10.08 | 256 MB/month | \$8.65 | 256 MB/month | (\$1.43) | |
| 4000 | | Outstationed Information Technology Staff | as negotiated by the IT Director | Actual cost plus negotiated overhead rate | FTE | Actual cost plus negotiated overhead rate | FTE | | 1 |

| Footnote # | Footnote Narrative |
|------------|---|
| 1 | Assignments will be made for a minimum of 6 months for .50, .75, or 1.0 FTE. |
| 2 | Printing costs have been included in Enterprise Services. |
| 3 | Cost recovery was manually adjusted to account for the County shift to Microsoft Office 365 and the decommissioning of the mainframe. |

Department Name: Central Services

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FEE \$ | SCHEDULE | DIFFERENCE | |
|--------------|-----------------|---|-----------|---------------|----------------------------|-------------------|----------------------------|----------------------------------|----------|
| | | | | Currer | it Fee | Proposed Fee | | \$ Difference from Prior Year | |
| ee Indicator | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 4000 | 9 , | VETS/COMMUNITY BUILDINGS-Full Day Use | | | | | | | |
| 4001 | New | Reservation Transaction Charge | BOS | | | \$9.00 | Per Reservation | | |
| 6000 | | CENTRAL MAIL ROOM FEES | | | | | | | |
| 6001 | Decreased | Mail pick up and delivery to locations outside the County Government Center | | \$143.24 | per month | \$130.99 | Per month | (\$12.25) | |
| 6002 | Decreased | Mail pick up and delivery to locations inside the County Government Center | | \$105.14 | per month | \$91.40 | Per month | (\$13.74) | |
| 6003 | Decreased | Percentage of actual postage used by the customer | | 55.39% | Per dollar of postage used | 43.30% | Per dollar of postage used | -12% | |

Department Name: Public Works Fund Center: 405,130,201,245

| | | | | FY 2016-17 F | EE SCHEDULE | FY 2017-18 FEI | SCHEDULE | DIFFERENCE |] |
|---------------|-----------------|--|---|--|-----------------|--|-----------------|----------------------------------|---|
| | | | | Curre | ent Fee | Propose | ed Fee | \$ Difference from Prior Year | |
| Fee Indicator | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 1000 | Category | Development Services | Additionty | 1 cc Amount | Offic Desc. | 1 cc Amount | OTHE DESC. | 1 cc Amount | Commence |
| 1001 | Decreased | Budget Unit 20103 Parcel Map Application (application review through tentative approval) | Subdivision Map Act - Govt Code 66410 et seq & Co Govt Code Title 21 | \$1,201.00 | per new parcel | \$1,169.00 | per new parcel | (\$32.00) | Footnotes 1 & 3. |
| 1004 | Increased | Flood Hazard Reports | County Land Use Ordinance: Title 22 and 23 | \$140.00 | each | \$145.00 | each | \$5.00 | Footnote 3. |
| 1005 | Increased | Minor Use Permit Application | County Land Use Ordinance: Title 22 and 23 | \$266.00 | each | \$276.00 | each | \$10.00 | Footnotes 1 & 3. |
| 2000 | | Development Permits | | | | | | | |
| 2001 | Decreased | Drainage Flood Bldg Permit | County Land Use Ord Title 22 & 23 | \$158.00 | each | \$145.00 | each | (\$13.00) | Building and grading permit review for drainage and erosion control (per Land Use Ordinance). |
| 2003 | Increased | Conditional Use Permit | County Land Use Ordinance: Title 22 and 23 | \$1,806.00 | per application | \$2,257.00 | per application | \$451.00 | Footnote 1. |
| 2004 | Increased | Building Permit Initial Review | County Land Use Ordinance: Title 22 and 23 | \$49.00 | per review | \$54.00 | per review | \$5.00 | Footnote 1. |
| 2006 | Increased | Records of Survey | Land Surveyor's Act (B&P Code 8766.5) | \$226 first sheet / \$89 each addtl' sheet | per sheet | \$230 first sheet / \$94 each addtl' sheet | per sheet | \$4.00 | First sheet at stated fee rate, \$94 for each additional sheet. |
| 2007 | Increased | Certificate of Compliance - Application (Non Lot Line Adjustment) | Subdivision Map Act - Govt Code 66499.35(a) | \$264.00 | each | \$274.00 | each | \$10.00 | Footnote 1. |
| 2008 | Increased | Building Permit Review - FEMA | County Land Use Ordinance: Title 22 and 23 | \$398.00 | each | \$442.00 | each | \$44.00 | |

Department Name: Public Works Fund Center: 405,130,201,245

| | | | | FY 2016-17 F | EE SCHEDULE | FY 2017-18 FE | E SCHEDULE | DIFFERENCE | I |
|---------------|-----------------------|--|---|------------------------|-----------------------------------|------------------------|-----------------------------------|----------------------------------|--|
| | | | | Curr | ent Fee | Propos | ed Fee | \$ Difference from Prior Year | |
| Fee Indicator | | For Description | Authority | Foe Amount | Unit Doop | Fac Amount | Linit Dogo | Fac Amount | Comments |
| # 2009 | Category Increased | Fee Description Community | Authority County Land Use | Fee Amount \$126.00 | Unit Desc. | Fee Amount \$131.00 | Unit Desc. | Fee Amount \$5.00 | Comments Fee for 1 hour or less of processing. |
| 2009 | increased | Acknowledgment Form - FEMA | Ordinance: Title 22 & 24 | | Cacii | φ131.00 | Cacii | \$5.00 | Processing that exceeds 1 hour of staff time will be charged the actual costs. |
| 2010 | Increased | Annexation Map Review | Government Code 56383 | \$614.00 | each review | \$636.00 | each review | \$22.00 | |
| | | Lot Line Adjustment | Subdivision Act-Govt Code 66410 et. seq & Co Gov't Code Title 21 | | | | | | |
| 2011 | Increased | Lot Line Adjustment Checking | Title 21 of SLO County Code | \$666.00 | each | \$690.00 | each | \$24.00 | |
| 2012 | Increased | Lot Line Adjustment Application | Subdivision Map Act Gov't Code 66410 et seq | \$376.00 | each | \$390.00 | each | \$14.00 | Footnote 1. |
| | | Reprographics Charges | | | | | | | |
| 2013 | Increased | Map Copies | | \$1.63 | sheet | \$1.72 | sheet | \$0.09 | |
| | | Services to Special Districts - Budget Unit 20104 | | | | | | | |
| 2014 | Increased | Assessment Apportionments | Section 8734 of the Improvement Bond Act of 1915 | \$454.00 | flat fee if less than 10 APN's | \$491.00 | flat fee if less than 10 APN's | \$37.00 | Fee if less than 10 APN's. Otherwise, \$49/per new APN for 10 or greater APN's. |
| 4000 | | Roads Fund Center 245 | | | | | | | |
| 4001 | Increased | Curb and Gutter Waivers | Title 22 and 23 | \$185.00 | each | \$195.00 | each | \$10.00 | Footnote 1. |
| 4002 | Decreased | Road Impact Fee Appeal | Oplifornia Otroni | \$553.00 | each | \$549.00 | each | (\$4.00) | |
| | | Encroachment Permits | California Streets and Highway Code | | | | | | |
| 4012 | Increased | Utility Encroachment | | \$318.00 | each | \$336.00 | each | \$18.00 | |

Department Name: Public Works Fund Center: 405,130,201,245

| | | | | FY 2016-17 FI | EE SCHEDULE | FY 2017-18 FEI | SCHEDULE | DIFFERENCE | |
|---------------|-----------------------|--|--|--------------------------|--------------------|--------------------------|--------------------|----------------------------------|----------|
| | | | | Curre | nt Fee | Propose | ed Fee | \$ Difference from Prior Year | |
| Fee Indicator | | | | | | | | | |
| # 4013 | Category Decreased | Fee Description Utility Blanket Encroachment | Authority | Fee Amount \$1,833.00 | Unit Desc. each | Fee Amount \$1,692.00 | Unit Desc. each | Fee Amount (\$141.00) | Comments |
| 4014 | Decreased | Driveway Encroachment | | \$722.00 | each | \$712.00 | each | (\$10.00) | |
| 4015 | Increased | General Encroachment permit | | \$346.00 | each | \$371.00 | each | \$25.00 | |
| 4020 | Decreased | Curb, Gutter & Sidewalk Processing Fee | Land Use Ordinance 22.05.106 23.05.106 | \$502.00 | each | \$495.00 | each | (\$7.00) | |
| | | Adopt-A-Road Program | 2/20/96 Board Adopted Revised Voluntary Litter Removal Policy | | | | | | |
| 4023 | Increased | Business | | \$73.00 | each | \$74.00 | each | \$1.00 | |

| Footnote # | Footnote Narrative |
|------------|---|
| 1 | 1 Fee collected by Planning Department and transferred to the Public Works Department. |
| | 3 Refunds: Refund of any portion of fee(s) for withdrawn or partially completed projects shall be determined by the Director of Public Works, or his designee, based on code requirements and/or his appraisal of the cost of staff work. |

Department Name: District Attorney

| | | | | SCHE | DULE | SCHE | DULE | DIFFERENCE | |
|------|---------------------------|----------------------------|---------------------------------|------------------|-----------|-----------------------|-----------|----------------------------------|-------------|
| | | | | Curre | nt Fee | Proposed Fee | | \$ Difference from Prior Year | |
| Fee | Fac Oatanan | Fac Danadation | A. Albanita | Fee | Hait Daga | | Hait Daga | Fac Amount | 0 |
| 1004 | Fee Category Increased | Fee Description CD copies | Authority Govt Code 6257 &54985 | Amount \$9.00 | | Fee Amount \$10.00 | | | Footnote #1 |
| 1008 | Decreased | Flash Drive - 8GB | Govt Code 6257 &54985 | \$31.00 | each | \$26.00 | each | (\$5.00) | Footnote #1 |
| 1009 | New | Flash Drive - 16GB | Govt Code 6257 &54985 | NA | NA | \$29.00 | each | NA | Footnote #1 |

| | Footnote # | Footnote Narrative |
|---|------------|---|
| 1 | 1 | Revenue and demand reductions in CDs, DVDs and Double DVDs offset by |
| | 1 | \$1.00 CD price increase and preference for 8GB and 16GB storage options. |

Department Name: Health Agency - Animal Services

Fund Center: 137

FY 2016-17 FEE SCHEDULE DIFFERENCE FY 2017-18 FEE SCHEDULE \$ Difference from Prior Year Proposed Fee Current Fee Fee Category Fee Indicator Fee Description Authority Fee Amount Unit Desc. Fee Amount Unit Desc. Fee Amount Comments 3000 **BOARDING FEES** CA F&A Code 31105, 31108, 31752 & 32001 3001 DECREASED Regular Wards \$25.00 \$20.00 (\$5.00) per day per day Footnote #3 3002 Quarantine, Isolation, Hold \$35.00 \$25.00 (\$10.00) Footnote #3 per day per day **DECREASED** Wards ADOPTION OF ANIMALS CA F&A Code 4000 31105 & 31108 **SLO County Title** 9.08.100 SB 1785 Havden 4004 \$32.50 \$24.00 Adoption of all standardeach each (\$8.50)**DECREASED** common 4005 Adoption of other animals \$52.00 each \$75.00 each \$23.00 Footnote #10 **INCREASED** exotic/horses 5000 LICENSE FEES CA CCR 2606, H & S Code 1901-06, 1911, 1920 F&A 30801 5001 Altered (Spayed or neutered) 5005 Prorated Monthly License \$2.25 each NEW REISSUANCE OF LOST Title 9.09.240 6000 TAG/TRANSFER OF **OWNERSHIP** DECREASED Reissuance Fee 6001 \$20.00 \$5.00 (\$15.00) Footnote #3 each each IMPOUND FEES: CA F&A Code 7000 31101, 31105, 31108, 31253, 31251 and SB 1785, Hayden 7006 Cat Redemption Fee 7009 In-House Vet Exam \$23.00 per 10 min \$26.00 per 10 min \$3.00 (includes cost of both vet **INCREASED** and vet tech) QUARANTINE FEES 8000 CA H&S 121580, 121710 CA CCR Code 2606 8004 Bite Report & Quarantine \$38.00 \$40.00 \$2.00 each each **INCREASED** Administration

Department Name: Health Agency - Animal Services

Fund Center: 137

FY 2016-17 FEE SCHEDULE DIFFERENCE FY 2017-18 FEE SCHEDULE \$ Difference from Prior Year Proposed Fee Current Fee Fee Category Fee Indicator Fee Description Authority Fee Amount Unit Desc. Fee Amount Unit Desc. Fee Amount Comments 9000 OWNER SERVICES SLO Co Code REQUEST FOR OWNED Title 9.04.010 ANIMAL PICK-UP 9001 First Animal \$34.00 \$41.00 \$7.00 each each **INCREASED** 9002 Each additional adult \$34.00 \$41.00 \$7.00 each each **INCREASED** animal 9003 \$7.00 Litter (up to 4 month old \$34.00 each \$41.00 each **INCREASED** animals) 9004 **OWNED ANIMAL** CA F&A Code **TURNED INTO SHELTER 31105** 9010 \$80.00 \$85.00 \$5.00 After hours emergency per each each Hour (2 hr min) **INCREASED** 12000 DISPOSAL FEE CA F&A Code 31105 12002 10-50 pounds \$50.00 each \$60.00 each \$10.00 **INCREASED** 12004 91-150 pounds (2 persons) \$70.00 each \$80.00 each \$10.00 **INCREASED** 13000 CITATION /FINES 13001 Potentially Dangerous Dog CA Code F&A \$357.00 \$415.00 \$58.00 each each **INCREASED** 31641 13002 Vicious Dog CA F&A Code \$284.00 each \$330.00 each \$46.00 **INCREASED** 31603, 31641, 31645 13003 PDD License Surcharge \$85.00 \$100.00 \$15.00 each each INCREASED 14000 NUISANCE ABATEMENT | SLOC Title 9.04.145, Contracts with cities 14001 Investigation/Inquiry with \$358 00 each \$415.00 each \$57 00 **INCREASED** guilty finding. 14002 Nuisance Abatement \$239.00 \$277.00 \$38.00 each each **INCREASED** Appeals 16000 SLO County Title PERMITS 9.04.130 16001 Commercial Kennel & Pet \$160.00 \$200.00 \$40.00 each each **INCREASED** Shop

Department Name: Fund Center: Health Agency - Animal Services 137

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FEE | SCHEDULE | DIFFERENCE | |
|--------------------|--------------|--|---------------|---------------|------------|-------------------|------------|----------------------------------|-------------|
| | | | | Current Fee | | Proposed Fee | | \$ Difference from Prior Year | |
| Fee Indicator # | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 16002 | INCREASED | Hobby Breeder (for 2 litters per year) | , tau 16.11.j | \$105.00 | each | \$110.00 | each | \$5.00 | |
| 16003 | INCREASED | Permit Penalty up to 30 days | | | each | 25% surcharge | each | | Footnote #1 |
| 16004 | INCREASED | Permit Penalty up to 60 days | | | each | 50% surcharge | each | | Footnote #1 |
| 16005 | INCREASED | Permit Penalty up to 90 days | | | each | 75% surcharge | each | | Footnote #1 |
| 16006 | INCREASED | Permit Penalty excess of 90 days | | | each | 100% surcharge | each | | Footnote #1 |
| 16007 | INCREASED | Each additional litter | | \$31.00 | each | \$34.00 | each | \$3.00 | |
| 17001 | INCREASED | Multiple animal owned | | \$105.00 | each | \$110.00 | each | \$5.00 | |
| 20000 | | SERVICES OFFERED | | | | | | | |
| 20003 | NEW | Officer Call Out- Non Emergency | | | | \$40.00 | each | | |

| Footnote # | Footnote Narrative |
|------------|---|
| 1 | Surcharge based on a multiple of the initial fee. Set as a deterrent to discourage multiple violations and a means of achieving compliance of code. |
| 3 | Fee is set using a comparable fee survey |
| 10 | The standard commercial value of the animals for which this fee applies substantially exceeds the cost to perform the adoption service. Fee is set above FCR to be consistant with market value and promote placement of these animals into homes willing and able to meet their special and extensive care requirements. |

Department Name: Fund Center: Ag Commissioner 141

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FEI | E SCHEDULE | DIFFERENCE | |
|---------------------|-----------|---|--|---------------|------------|----------------|------------|----------------------------------|--|
| | | | | Curren | t Fee | Propose | ed Fee | \$ Difference from Prior Year | |
| Fee Indicator | | | | | | | | | |
| # | Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| | | STANDARDS Standardination | CEAC 40702 | | | | | | |
| 1000 | | Standardization Commodity Quality Control Inspections | CFAC 42793 | | | | | | |
| 1002 | deleted | Mileage charge | | \$0.575 | Per Mile | | Per Mile | (\$0.58) | Federal standard mileage rate - See Footnote #2 |
| 2000 | | Certified Farmers Market | CCR III 1392.8 CFAC 47020 | | | | | | |
| 2001 | increased | Market Registration (12 months) | | \$340.00 | Each | \$440.00 | Each | \$100.00 | Cost Study |
| | | ORGANIC GROWERS | CFAC 46009 | | | | | | |
| 4000 4002 | deleted | Certification Mileage charge | | \$0.575 | Per Mile | | Per Mile | (\$0.58) | Federal standard mileage rate - See Footnote #2 |
| | | PEST PREVENTION AND NURSERY | CFAC 5202 CFAC 6303 CCR III 3160 & 3161 | | | | | | |
| 5000 | | Origin, Export and Quarantine Compliance/Inspection Certification of Plant Material | | | | | | | |
| 5002 | deleted | Mileage charge | | \$0.575 | Per Mile | | Per Mile | (\$0.58) | Federal standard mileage rate - See Footnote #2 |
| 7000 | | Apple Maggot Compliance | CFAC 5202 Co. Code 5.20.040 | | | | | | |
| 7002 | deleted | Mileage charge | | \$0.575 | Per Mile | | Per Mile | (\$0.58) | Federal standard mileage rate - See Footnote #2 |
| 9000 | | Apiary Inspection and Certification | | | | | | | |
| 9002 | deleted | Mileage charge | | \$0.575 | Per Mile | | Per Mile | (\$0.58) | Federal standard mileage rate - See Footnote #2 |
| 11000 | delete d | Pest Control Operator Registration | D0000001 | #45.00 | E l- | | El- | (045.00) | Obstation |
| 11004 | deleted | Structural PCO License Exam (Per Exam) VERTEBRATE PEST | B&PC 8564.5 CFAC 6025- | \$15.00 | Each | | Each | (\$15.00) | Statutory |
| 15000 | | CONTROL BY COUNTY STAFF | 6029 | | | | | | |
| 15001 | deleted | Mileage charge | | \$0.575 | Per Mile | | Per Mile | (\$0.58) | Federal standard mileage rate - See Footnote #2 |

Department Name: Fund Center: Ag Commissioner 141

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FE | SCHEDULE | DIFFERENCE | |
|-----------------------------|-----------------|---|---|-------------------------------------|-------------|-------------------------------------|-----------------|------------|--|
| | | | | Curren | ıt Fee | Propose | \$ Proposed Fee | | |
| Fee Indicator # 21000 | Fee Category | Fee Description Annual Device Registration Fee | Authority B&P Code 12240 & Co. Ord 2286 | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments See Footnote #1 |
| 21003 | increased | Weighing Devices >=10,000 lb capacity, except Livestock and Vehicle | J14 2233 | \$100 Location + \$150 ea Device | | \$100 Location + \$250 ea Device | | #VALUE! | |
| 21009 | new | Electric submeter per Device per space/apartment | | | Each Device | \$3.00 | Each Device | | |
| 21010 | new | Vapor submeter per Device per space/apartment | | | Each Device | \$3.00 | Each Device | | |
| 22000 | | Land Use Planning | CGC 65104 & 66451.1 | | | | | | All land use fees are billed on an actual basis after project exceeds minimum fees. Minimum fees have been consolidated to streamline collection by the Planning and Building Department. |
| 22002 | deleted | Mileage charge | | \$0.575 | Per Mile | | Per Mile | (\$0.58) | Federal standard mileage rate - See Footnote #2 |

| Footnote # | Footnote Narrative |
|------------|--|
| | The proposed fee structure and amounts are based on California Business and Professions Code section 12240 which states "the board of supervisors, by ordinance, may charge an annual registration fee, not to exceed the county's total cost of actually inspecting or testing the devices as required by law, to recover the costs of inspecting or testing weighing and measuring devices required of the county sealer pursuant to Section 12210, and to recover the cost of carrying out Section 12211." The proposed fees are at or below the limits specified in statute. |
| | 2 The Federal Standard Mileage rate, as set by the Internal Revenue Service January of each year, will be used for all mileage charges associated with hourly inspection fees. |

| | | | Ī | FY 2016-17 | 7 FEE SCHEDULE | FY 2017-18 | FEE SCHEDULE | DIFFERENCE | ٦ |
|-----------------|--------------|---|---|-------------|------------------------------|------------|-----------------|----------------------------------|---|
| | 1 | T | | Cı | urrent Fee | Prop | osed Fee | \$ Difference from Prior Year | |
| Fee Indicator # | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| | | I. Land Use or Land Division Activity | GC65104, 65909.5, 66451.2 unless noted otherwise CEQA | | | | | | See footnotes 1, 3, 4, 5, 7, 38, 39 and specific notes cited for individual items. |
| 2000 | | Associated with Building Permits | | | | | | | |
| 2002 | | Business License (New) Zoning Clearance | | \$73.00 | | \$0.00 | | (\$73.00) | This is a duplicate of Fee Indicator 2004, and is being deleted to correct. |
| 11000 | | Specific Plan Requests | | | | | | | |
| 11001 | Deleted | Specific Plan/new or amend with Initial Study | | \$16,543.00 | deposit plus cost to process | \$0.00 | | (\$16,543.00) | Delete. This is the same fee as fee # 4005 - General Plan Amendment with Initial Study. |
| 20000 | | F. Grading Permit Fees | | | | | | | |
| 20008 | | Over 1 acre disturbed | | | | | | | |
| 20014 | | 2. Inspection | | | | | | | |
| 20016 | Decreased | b. 1,001-10,000 cu. yds | | \$399.00 | | \$266.00 | | (\$133.00) | |
| 20017 | Decreased | c. 10,001 - 100,000 cu. yds. | | \$531.00 | | \$399.00 | | (\$132.00) | |
| 20019 | | 3. Grading Permit add on fee for NPDES | | | | | | | |
| 20022 | Decreased | b. Inspection | | \$1,069.00 | < 5,000 cu yds. | \$798.00 | < 5,000 cu yds. | (\$271.00) | |
| 20023 | Decreased | b. Inspection | | \$1,469.00 | > 5,000 cu yds. | \$1,064.00 | > 5,000 cu yds. | (\$405.00) | |
| 22000 | | G. Miscellaneous Building Permit Fees | | | | | | | |
| 22003 | | 2. Cell/Wireless Site Antenna | | | | | | | |
| 22004 | | I. Cell/Radio/TV Antenna, New or Replacement Radio/ TV Antenna / Replacement cell pole/ tower | | | | | | | |
| 22006 | Decreased | b. Inspection | | \$266.00 | | \$133.00 | each type | (\$133.00) | |

| | | | | FY 2016-17 | FEE SCHEDULE | FY 2017-18 | FEE SCHEDULE | DIFFERENCE |] |
|----------------|----------------|---|-----------|---------------|--------------------------------------|---------------|--------------------------------------|----------------------------------|-----------------|
| | | | | Cu | rrent Fee | Prop | posed Fee | \$ Difference from Prior Year | |
| Fee Indicator# | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 22063 | - roc cutogoty | 18. Fire Sprinkler System - New Construction or Tenant Improvement, Residential | radionty | 1 007 whodate | enn boos. | 1 00 7 unioum | Sim Book. | , ac , unoun | |
| 22064 | Increased | a. Plan Check | | \$33.00 | 10 heads or less | \$100.00 | 10 heads or less | \$67.00 | |
| 22127 | | 30. Photovoltaic System - Commercial | | | | | | | See footnote 23 |
| 22128 | Decreased | a. Plan Check | | \$266.00 | Up to 10 kW (kilowatt) | \$133.00 | Up to 10 kW (kilowatt) | (\$133.00) | |
| 22129 | Decreased | a. Plan Check | | \$665.00 | Over 10 kW to 100 kW (kilowatt) | \$399.00 | Over 10 kW to 100 kW (kilowatt) | (\$266.00) | |
| 22130 | Decreased | a. Plan Check | | \$1,064.00 | Over 100 kW to 250 kW (kilowatt) | \$665.00 | Over 100 kW to 250 kW (kilowatt) | (\$399.00) | |
| 22131 | Decreased | a. Plan Check | | \$1,330.00 | Over 250 kW to 500 kW (kilowatt) | \$931.00 | Over 250 kW to 500 kW (kilowatt) | (\$399.00) | |
| 22132 | Decreased | a. Plan Check | | \$1,596.00 | Over 500 kW to 750 kW (kilowatt) | \$1,197.00 | Over 500 kW to 750 kW (kilowatt) | (\$399.00) | |
| 22133 | Decreased | a. Plan Check | | \$1,862.00 | Over 750 kW to 1000 kW (kilowatt) | \$1,463.00 | Over 750 kW to 1000 kW (kilowatt) | (\$399.00) | |
| 22135 | Decreased | b. Inspection | | \$333.00 | Up to 10 kW (kilowatt) | \$266.00 | Up to 10 kW (kilowatt) | (\$67.00) | |
| 22136 | Decreased | b. Inspection | | \$601.00 | Over 10 kW to 100 kW (kilowatt) | \$532.00 | Over 10 kW to 100 kW (kilowatt) | (\$69.00) | |
| 22137 | Decreased | b. Inspection | | \$1,068.00 | Over 100 kW to 250 kW (kilowatt) | \$798.00 | Over 100 kW to 250 kW (kilowatt) | (\$270.00) | |
| 22138 | Decreased | b. Inspection | | \$1,603.00 | Over 250 kW to 500 kW (kilowatt) | \$1,064.00 | Over 250 kW to 500 kW (kilowatt) | (\$539.00) | |
| 22139 | Decreased | b. Inspection | | \$2,137.00 | Over 500 kW to 750 kW (kilowatt) | \$1,330.00 | Over 500 kW to 750 kW (kilowatt) | (\$807.00) | |
| 22140 | Decreased | b. Inspection | | \$2,404.00 | Over 750 kW to 1000 kW (kilowatt) | \$1,596.00 | Over 750 kW to 1000 kW (kilowatt) | (\$808.00) | |
| 22147 | Decreased | b. Inspection | | \$200.00 | each | \$133.00 | each | (\$67.00) | |
| 22148 | Decreased | b. Inspection with meter | | \$266.00 | each | \$200.00 | each | (\$66.00) | |

| | | | | FY 2016-17 I | FEE SCHEDULE | FY 2017-18 FEE SCHEDULE | | DIFFERENCE |] |
|-----------------|--------------|-------------------------------|-----------|--------------|--------------|-------------------------|------------|----------------------------------|----------|
| | | | | Curi | rent Fee | Prop | osed Fee | \$ Difference from Prior Year | |
| | | | | | | | | | |
| Fee Indicator # | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 22150 | | b. Inspection, OTC with meter | | \$266.00 | each | \$200.00 | each | (\$66.00) | |
| 22154 | | b. Inspection | | \$266.00 | each | \$200.00 | each | (\$66.00) | |

| Footnote # | Footnote Narrative |
|------------|---|
| 1 | The department wishes to recover the full cost of service (including consultant cost) for all major projects, peer reviews and/or technical reports. If the processing cost of an application, including environmental review or administering the conditions of approval, will be substantially in excess of the fee/deposit, the applicant may be notified before the project is scheduled for public hearing that the total processing cost will be determined by full cost recovery techniques and that additional charges (invoices) may be forthcoming. Invoices not paid within 30 days of billing will have all processing of the project stop until the invoice is paid in full. This option can also be used where the department determines that processing costs will be substantially less than the original fee/deposit. In this case, the unused portion of the fee/deposit will be refunded. Billing for Land Use/ Division Applications will be at \$142/per hour. Billing for Building permit applications will be at \$133/per hour. These rates will be charged at 1.5 times these hourly rates when work is performed during overtime conditions at the applicants request. Billing for peer review and for consultant review will be at actual consultant hourly rate (typically between \$125 and \$150 per hour). |
| 3 | A refund of any unused portion of fees for withdrawn or partially completed projects shall be determined by the Planning Director based on code requirements and/or an appraisal of the cost of staff work up to the time the project is withdrawn. Any fee erroneously paid or collected will be refunded in full or credited in full to the correct fee. All requests for refunds shall be in writing from the property owner or designee as listed on the application as originally filed with the department, with the refund paid only to that owner. |
| 4 | The Planning Director is delegated the authority to grant fee waiver requests for land use and construction permits on development projects that are proposed by volunteer, community and nonprofit organizations for the benefit of an entire community when the project satisfies the following criteria. This policy does not apply to requests for general plan amendments. |
| | a. the proposed project will be available for use by the public at-large and it is likely that the project will be used or will benefit more than residents of the immediate vicinity; and |
| | b. the project will be of obvious public benefit. Evidence of public benefit may include but is not limited to: |
| | 1. the project meets a need previously identified or recognized by the Board of Supervisors. |
| | 2. the project replaces another facility that previously provided benefit. |
| | 3. the project provides a facility not presently available in the community. 4. the project has generated substantial, obvious community support. |
| | 5. the project would reduce other County costs or increase other County revenues. |
| | c. The fee (s) to be waived will not exceed a total of \$5,000. |
| | d. The Planning Director decisions may be appealed in writing within ten days to the Board of Supervisors, whose decision will be final. e. Notwithstanding any other provision of this fee schedule, the Board of Supervisors retains the authority to consider other fee waiver requests when it considers such waivers to be equitable and in the public interest. |
| 5 | The Planning Director is authorized to waive land use, building and environmental review fees for applicants who are seeking to reconstruct legally constructed |
| | homes and other structures, including associated grading, that were destroyed as a result of a natural or manmade disaster, where the Board of Supervisors adopts a resolution declaring such a disaster. |
| 7 | For applications that are located within urban reserve lines as defined by the Land Use Element and Land Use Element/ Local Coastal Plan of the County's General Plan, a credit of \$575.00 shall be applied as a reduction toward the application fee. |

| Footnote # | Footnote Narrative |
|------------|---|
| | Effective January 1, 2013, SB1222 provides for a cap on the permit fees local jurisdictions can collect for rooftop solar energy systems. To the extent the Planning and Building Department permit fees exceed the cap, the amount in excess of the cap will be waived. |
| | During the processing of Land Use Permits / Land Division Applications, the California Environmental Quality Act (CEQA) may allow/require an alternative determination, which may increase/decrease the fee. |
| | During the processing of a Land Use Permit / Land Division Application, if it is determined that use of another agency approved Negative Declaration or reissue of an approved Negative Declaration is available, the Environmental Coordinator may determine the full portion of the fee associated with the Negative Declaration is not necessary. In these cases, the portion of the fee attributable to the Negative Declaration will be 50% of that portion. |

Department Name: Fund Center: Behavioral Health - Driving Under the Influence

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FEI | E SCHEDULE | DIFFERENCE | |
|--------------------|-----------------|--|---|---------------|------------|----------------|------------|----------------------------------|--|
| | | | | Curre | nt Fee | Proposed Fee | | \$ Difference from Prior Year | |
| Fee Indicator # | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 2001 | Increased | Initial Registration Processing Fee | Title VIII, CA Code Reg., Chap 1.5, Sec 1211 | \$96.00 | Each | \$119.00 | Each | \$23.00 | Initial fee to process paperwork & update client info into system. Fee includes \$10 State surcharge for first time registration. Includes materials charge. Footnote 1. |
| 2002 | Increased | Reinstatement | | \$81.00 | Each | \$91.00 | Each | \$10.00 | Fee to process a reinstatement for a client to re-enter a program. |
| 2003 | Increased | Transfer-in/out processing fee | | \$81.00 | Each | \$91.00 | Each | \$10.00 | Process fee to perform a transfer in/out from/to another County. |
| 2004 | Increased | Session Charge | | \$39.00 | Each | \$43.00 | Each | \$4.00 | Charge for services performed. Session fee averages both individual and group counseling sessions. |
| 2005 | Increased | Missed Meeting Charge | | \$39.00 | Each | \$43.00 | Each | \$4.00 | Cost charged for failure to show to scheduled meeting. |
| 2006 | Increased | Notice of Completion | | \$20.00 | Each | \$23.00 | Each | \$3.00 | Fee to process a notice of completion to DMV. |
| 2007 | Increased | Leave of Absence Fee | | \$26.00 | Each | \$30.00 | Each | \$4.00 | Fee to process a leave of absence from any DUI program. |
| 2008 | Increased | Urine Testing | | \$24.00 | Each | \$25.00 | Each | \$1.00 | Cost of administering urine drug test. |

| F | ootnote # | Footnote Narrative |
|---|-----------|---|
| | 1 | Material Fee charged to each enrollee to the DUI Program. |

Department Name: Library Fund Center: 377

| | | | | FY 2016-17 | FEE SCHEDULE | FY 2017-18 F | EE SCHEDULE | DIFFERENCE | |
|-----------------|-----------------|--|-----------|------------|--------------|--------------|-------------|----------------------------------|--|
| | | | | Curr | rent Fee | Propo | osed Fee | \$ Difference from Prior Year | |
| Fee Indicator # | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 4000 | | Overdue Materials | | | | | | | Suspension Of Library privileges may occur with an accumulation fines and / or lost books. |
| 4004 | Decreased | Multimedia CD Rom Materials, DVDs, Games, CDs | | \$1.00 | | \$0.25 | | (\$0.75) | \$.25 a day for overdue charge to \$8.00 limit. See footnote 7. |

| Footnote # | Footnote Narrative |
|------------|---|
| | The Library Director or his/her designee may grant waivers or reductions of fees at their |
| | discretion. |

Department Name: Airports Fund Center: 425

| | | | | FY 2016-17 FEE SC | HEDULE | FY 2017-18 FEE SCH | IEDULE | DIFFERENCE | |
|----------------------------|--------------|--|-----------|--|----------------------------|---|----------------------------|----------------------------------|--|
| | | | | Current Fee | e | Proposed Fee | | \$ Difference from Prior Year | |
| Fee Indicator # 8000 | Fee Category | Fee Description Commercial Ground Vehicle Access Fee: SLO & Oceano | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 8006 | Increase | Ground Transportion: Taxi & Shuttle | | Annual Charges per fleet size: 1 Vehicle: \$250 Per Year 2-4 Vehicles: \$500 Per Year 5-10 Vehicles: \$800 Per Year as determined by Director, County Airports | Per Fleet Size per year | Annual Charges per fleet size: 1 Vehicle: \$250 Per Year 2-4 Vehicles: \$500 Per Year 5-10 Vehicles: \$800 Per Year 11 or more Vehicles: \$125/vehicle as determined by Director, County Airports | Per Fleet Size per year | \$0.00 | Updated Fee Description. Added 11 or more vehicles @ \$125/vehicle as determined by Director, County Airports. |
| 13000 | | Auto Parking | | | | | | | |
| 13004 | Increase | Annual Permit | | \$575.00 | Per Year | \$600.00 | Per Year | \$25.00 | See Footnote 2 |
| 13005 | Delete | Commuter Permit | | \$365.00 | Per Year | Delete | | | Deleting Commuter Permit based on number of active permits & use of lots. Will require Commuters to purchase Annual Permit instead. |
| 13006 | Increase | Tenant Employee Parking Permit | | \$30.00 | Per Permit | \$35.00 | Per Permit | \$5.00 | See Footnote 2. Updated Fee Description, and increased by \$5.00 at discretion of Director of County Airports |
| 13007 | Increase | Tenant Employee Replacement Parking Permit | | \$40.00 | Per Replacement | \$50.00 | Per Replacement | | See Footnote 2. Updated Fee Description, and increased by \$10.00 at discretion of Director of County Airports. |

| Footnote # | Footnote Narrative |
|------------|---|
| | 2 Annual Parking Permit is issued for a 12 month period, and not per calendar year. Permit is not prorated. |

Department Name: Public Health - Environmental Health

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FE | E SCHEDULE | DIFFERENCE |] |
|--------------------|-----------------|---|----------------------------------|---------------|-------------|---------------|-------------|----------------------------------|---------------------|
| | | | | Currer | nt Fee | Propose | ed Fee | \$ Difference from Prior Year | |
| Fee Indicator # | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| | | ENVIRONMENTAL HEALTH DIVISION Annual Retail Food | CA Health and | | | | | | See footnotes 3 & 9 |
| | | Facility Fees | Safety Code Section 114381 | | | | | | |
| | | Restaurants/Bars | | | | | | | See footnote 5 & 12 |
| 1001 | Deleted | Seating capacity - 10 and under | | \$502.00 | facility/yr | | | (\$502.00) | |
| 1002 | New | Seating capacity - 10 and under-FULL FOOD PREPARATION | | | | \$512.00 | facility/yr | | |
| 1003 | New | Seating capacity - 10 and under-LIMITED FOOD PREPARATION | | | | \$502.00 | facility/yr | | |
| 1004 | New | Seating capacity - 10 and under-MINIMAL FOOD PREPARATION | | | | \$492.00 | facility/yr | | |
| 1005 | Deleted | Seating capacity - 11 - 50 | | \$583.00 | facility/yr | | | (\$583.00) | |
| 1006 | New | Seating capacity - 11 - 50 FULL FOOD PREPARATION | | | | \$609.00 | facility/yr | | |
| 1007 | New | Seating capacity - 11 - 50 LIMITED FOOD PREPARATION | | | | \$583.00 | facility/yr | | |
| 1008 | New | Seating capacity - 11 - 50 MINIMAL FOOD PREPARATION | | | | \$571.00 | facility/yr | | |
| 1009 | Deleted | Seating capacity - Over 50 | | \$667.00 | facility/yr | | | (\$667.00) | |
| 1010 | New | Seating capacity - Over 50-FULL FOOD PREPARATION | | | | \$667.00 | facility/yr | | |
| 1011 | New | Seating capacity - Over 50-LIMITED FOOD PREPARATION | | | | \$654.00 | facility/yr | | |
| 1012 | New | Seating capacity - Over 50-MINIMAL FOOD PREPARATION | | | | \$654.00 | facility/yr | | |
| | | Retail Food Production/ Retail Markets | | | | | | | |
| | | | | | | | | | See footnote 12 |

Department Name: Fund Center: Public Health - Environmental Health

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FE | E SCHEDULE | DIFFERENCE |] |
|-------------------|-----------------|--|-----------|---------------|-------------|---------------|-------------|----------------------------------|----------|
| | | | | Currer | nt Fee | Propose | ed Fee | \$ Difference from Prior Year | |
| Fee Indicator# | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 1013 | Deleted | Less than 150 sq ft | | \$310.00 | facility/yr | | | (\$310.00) | |
| 1014 | New | Less than 150 sq ft- FULL FOOD PREPARATION | | | | \$341.00 | facility/yr | | |
| 1015 | New | Less than 150 sq ft- LIMITED FOOD PREPARATION | | | | \$326.00 | facility/yr | | |
| 1016 | New | Less than 150 sq ft- MINIMAL FOOD PREPARATION | | | | \$322.00 | facility/yr | | |
| 1017 | Deleted | 150 - 5,000 sq ft | | \$420.00 | facility/yr | | | (\$420.00) | |
| 1018 | New | 150 - 5,000 sq ft - FULL FOOD PREPARATION | | | | \$441.00 | facility/yr | | |
| 1019 | New | 150 - 5,000 sq ft - LIMITED FOOD PREPARATION | | | | \$441.00 | facility/yr | | |
| 1020 | New | 150 - 5,000 sq ft - MINIMAL FOOD PREPARATION | | | | \$412.00 | facility/yr | | |
| 1021 | Deleted | 5,001 -10,000 sq ft | | \$625.00 | facility/yr | | | (\$625.00) | |
| 1022 | New | 5,001 -10,000 sq ft-FULL FOOD PREPARATION | | | | \$625.00 | facility/yr | | |
| 1023 | New | 5,001 -10,000 sq ft- LIMITED FOOD PREPARATION | | | | \$613.00 | facility/yr | | |
| 1024 | New | 5,001 -10,000 sq ft- MINIMAL FOOD PREPARATION | | | | \$613.00 | facility/yr | | |
| 1025 | Deleted | Greater than 10,000 sq ft | | \$711.00 | facility/yr | | | (\$711.00) | |
| 1026 | New | Greater than 10,000 sq ft - FULL FOOD PREPARATION | | | | \$711.00 | facility/yr | | |
| 1027 | New | Greater than 10,000 sq ft - LIMITED FOOD PREPARATION | | | | \$697.00 | facility/yr | | |
| 1028 | New | Greater than 10,000 sq ft - MINIMAL FOOD PREPARATION | | | | \$697.00 | facility/yr | | |

Department Name: Public Health - Environmental Health

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FE | E SCHEDULE | DIFFERENCE |] |
|-------------------|------------------------|--|-----------|----------------------|-------------|----------------------|----------------------------|----------------------------------|-------------------------|
| | | | | Currer | nt Fee | Propose | ed Fee | \$ Difference from Prior Year | |
| Fee Indicator# | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| | | Miscellaneous Annual Food Facility Fees | | | | | | | |
| 1030 | Increased | Mobile Food Facility/Caterer Commissary | | \$413.00 | facility/yr | \$437.00 | facility/yr | \$24.00 | See footnote 12 |
| 1031 | Increased | Mobile Food Facility (Push Cart) | | \$288.00 | facility/yr | \$302.00 | facility/yr | \$14.00 | See footnotes 2, 4 & 12 |
| 1032 | Increased | Mobile Food Facility (Preparation Unit) | | \$566.00 | facility/yr | \$598.00 | facility/yr | \$32.00 | See footnote 2 & 12 |
| 1033 | Increased | Food Service/Caterer | | \$284.00 | facility/yr | \$300.00 | facility/yr | \$16.00 | See footnote 2 & 12 |
| 1034 | Increased | Certified Farmer's Market | | \$234.00 | facility/yr | \$246.00 | facility/yr | \$12.00 | See footnote 2 & 12 |
| 1035 | Increased | Produce Stand/Farm Stand | | \$350.00 | facility/yr | \$368.00 | facility/yr | \$18.00 | See footnote 2 & 12 |
| 1036 | Increased | Swap Meet - Produce Sales (Annual) | | \$125.00 | facility/yr | \$131.00 | facility/yr | \$6.00 | See footnote 2 & 12 |
| 1037 | Increased | Swap Meet Packaged Stands | | \$134.00 | facility/yr | \$141.00 | facility/yr | \$7.00 | See footnote 2 & 12 |
| 1038 | Increased | Temporary Food Facility - Single Event | | \$110.00 | facility/yr | \$121.00 | facility/yr | \$11.00 | See footnotes 2 & 4 |
| 1039 | New | Temporary Food Facility - Single Event -Pre packaged | | | | \$116.00 | facility/yr | | See footnotes 2 & 4 |
| 1041 | Increased | Temporary Food Event Organizer Fee | | \$190.00 | per event | \$209.00 | per event | \$19.00 | See footnotes 2 & 4 |
| 1042 | Increased | Reinspection Fee | | \$115.00 | per hour | \$121.00 | per hour | \$6.00 | See footnote 8 |
| 1043 | Increased Increased | Bed and Breakfast Ag Homestay | | \$315.00 \$315.00 | facility/yr | \$331.00 \$333.00 | facility/yr facility/yr | \$16.00 \$18.00 | See footnote 2 & 12 |
| 1044 | Increased | Produce Vehicle | | \$315.00 | facility/yr | \$309.00 | facility/yr | \$18.00 | See footnote 2 & 12 |
| 1046 | Increased | Seasonal Produce Vehicle | | \$140.00 | facility/yr | \$148.00 | facility/yr | \$8.00 | See footnote 2 & 12 |
| 1047 | Increased | Class A Cottage Food Operation | | \$115.00 | facility/yr | \$127.00 | facility/yr | \$12.00 | See footnote 12 |
| 1048 | Increased | Class B Cottage Food Operation | | \$230.00 | facility/yr | \$253.00 | facility/yr | \$23.00 | See footnote 12 |
| | | Retail Food Facility Remodel | | | | | | | |

Department Name: Public Health - Environmental Health

| | | | | FY 2016-17 FI | EE SCHEDULE | FY 2017-18 FEE SCHEDULE | | DIFFERENCE | |
|-------------------|-----------------|---|---|---------------|------------------|-------------------------|------------------|----------------------------------|-----------------|
| | | | | Curre | nt Fee | Propos | sed Fee | \$ Difference from Prior Year | |
| Fee Indicator# | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 1050 | Increased | Retail Markets/Restaurants/Bar s/B&B/Ag Homestay Major Remodel | | \$876.00 | per remodel | \$964.00 | per remodel | \$88.00 | |
| 1051 | Increased | Retail Markets/Restaurants/Bar s/B&B/Ag Homestay Minor Remodel Retail Food Facility | | \$668.00 | per remodel | \$735.00 | per remodel | \$67.00 | |
| 1053 | Increased | New Construction Mobile Food Facility (Push Cart) | | \$668.00 | per new facility | \$691.00 | per new facility | \$23.00 | |
| 1054 | Increased | Mobile Food Facility (Preparation Unit) | | \$876.00 | per new facility | \$920.00 | per new facility | \$44.00 | |
| 1055 | Increased | Retail Markets/Restaurants/Bar s/B&B/Ag Homestay < 500 sq ft | | \$950.00 | per new facility | \$1,045.00 | per new facility | \$95.00 | See footnote 2 |
| 1056 | Increased | Retail Markets/Restaurants/Bar s/B&B/Ag Homestay 501 5,000 sq ft | | \$1,175.00 | per new facility | \$1,293.00 | per new facility | \$118.00 | occ toothold 2 |
| | | Body Art Facilities | Ca Health and Safety Code section119300 et seq | | | | | | |
| 2000 | Increased | Body Art Facility Permit | | \$345.00 | facility/yr | \$362.00 | facility/yr | \$17.00 | See footnote 12 |
| 2002 | Increased | Temporary Body Art Facility Permit | | \$115.00 | facility/yr | \$121.00 | facility/yr | \$6.00 | |
| 2003 | Increased | Body Art Practitioner Annual Registration | | \$115.00 | practitioner/yr | \$121.00 | practitioner/yr | \$6.00 | |
| 2004 | Increased | Temporary Body Art Event Sponsor Body Art Facility | | \$115.00 | per event | \$121.00 | per event | \$6.00 | |
| 2005 | Increased | Remodel Mobile Body Art Facility Remodel | | \$115.00 | per remodel | \$121.00 | per remodel | \$6.00 | |
| 2006 | Increased | Body Art Facility Major Remodel | | \$230.00 | per remodel | \$242.00 | per remodel | \$12.00 | |
| 2007 | Increased | Body Art Facility Minor Remodel | | \$115.00 | per remodel | \$121.00 | per remodel | \$6.00 | |

Department Name: Fund Center: Public Health - Environmental Health

| | | | | FY 2016-17 F | EE SCHEDULE | FY 2017-18 FI | EE SCHEDULE | DIFFERENCE | 1 |
|-------------------|-----------------|---|---|--------------|------------------|---------------|------------------|----------------------------------|----------------|
| | | | | Curre | nt Fee | Propos | sed Fee | \$ Difference from Prior Year | |
| Fee Indicator# | Fee Category | Fee Description Body Art Facility New | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 2008 | Increased | Construction Body Art Facility | | \$345.00 | per new facility | \$364.00 | per new facility | \$19.00 | |
| 2009 | Increased | Mobile Body Art Facility | | \$230.00 | per new facility | \$243.00 | per new facility | \$13.00 | |
| | | Solid Waste, Rolloff Box, Curbside Collection and Transportation | SLO County Code Chapter 8.12 | | | | | | |
| 3000 | Increased | Permit Application Fee | | \$186.00 | per application | \$196.00 | per application | \$10.00 | |
| 3001 | Increased | Each Collection Vehicle- Roll Off | | \$205.00 | vehicle/yr | \$216.00 | vehicle/yr | \$11.00 | |
| 3002 | Increased | Each Collection Vehicle- Curbside Recycling | | \$149.00 | vehicle/yr | \$157.00 | vehicle/yr | \$8.00 | |
| 3003 | Increased | Each Collection Vehicle - Solid Waste | | \$221.00 | vehicle/yr | \$232.00 | vehicle/yr | \$11.00 | |
| 3004 | Increased | Original Permit Issuance - Major (solid waste collection) | | \$371.00 | per permit | \$390.00 | per permit | \$19.00 | |
| 3005 | Increased | Minor (rolloff/recyclables collection) | | \$174.00 | per permit | \$183.00 | per permit | \$9.00 | |
| 3006 | Increased | Mandatory Collection Appeal Fee | | \$115.00 | per hour | \$121.00 | per hour | \$6.00 | |
| | | Liquid Waste Program | SLO County Code Chapter 8.16 | | | | | | |
| 4002 | Deleted | Permit Application Fee | | \$431.00 | per application | | | (\$431.00) | |
| 4003 | Increased | Original Permit | | \$1,723.00 | per permit | \$1,809.00 | per permit | \$86.00 | |
| 4004 | Increased | Permit Modification | | \$574.00 | per permit | \$603.00 | per permit | \$29.00 | |
| 4005 | Increased | Response to Sewage Spill | | \$115.00 | per hour | \$121.00 | per hour | \$6.00 | See footnote 8 |
| | | Misc. Enforcement Fees (Water and Sewer) | | | | | | | |
| 4006 | Increased | Public Water Supply System Plan Check/New Construction | CA Health and Safety Code Sections 4010 et seq | \$115.00 | per hour | \$121.00 | per hour | \$6.00 | |

Department Name: Public Health - Environmental Health

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FE | E SCHEDULE | DIFFERENCE | |
|-------------------|-----------------|--|---|---------------|-------------------------------|---------------|---------------------|----------------------------------|----------------------|
| | | | | Current Fee | | Propose | ed Fee | \$ Difference from Prior Year | |
| Fee Indicator# | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 4007 | Increased | Sewage Disposal System Plan Check/New Construction | | \$115.00 | per hour | \$121.00 | per hour | \$6.00 | |
| 4008 | Increased | Cross-Connection Inspection | SLO County Code Chapter 8.30 | \$104.00 | per hour | \$112.00 | per hour | \$8.00 | |
| 4009 | Increased | | SLO County Code Chapter 8.30 | \$104.00 | per hour | \$112.00 | per hour | \$8.00 | |
| | | Water System | CA Health and Safety Code Sections 4010 et seq | | | | | | See footnote 4 & 12 |
| | | State Small: | | | | | | | See lootilote 4 & 12 |
| 5001 | Increased | 5 - 14 Service Connections | | \$607.00 | per water system | \$637.00 | per water system | \$30.00 | See footnote 2 & 12 |
| 5002 | Increased | Community: 15 - 24 Service Connections | | \$1,045.00 | per water | \$1,097.00 | per water system | \$52.00 | See footnote 2 & 12 |
| 5003 | Increased | 25 - 99 Service Connections | | \$1,114.00 | system per water system | \$1,170.00 | per water system | \$56.00 | See footnote 2 & 12 |
| 5004 | Increased | 100 - 199 Service Connections | | \$1,184.00 | per water system | \$1,243.00 | per water system | \$59.00 | See footnote 12 |
| 5005 | Increased | Non Community Water Systems Water Well Construction | Chap 8.40 SLO County | \$1,082.00 | per water system | \$1,136.00 | per water system | \$54.00 | See footnote 12 |
| 5006 | Increased | Water Well Construction Permit | Code | \$703.00 | per well | \$773.00 | per well | \$70.00 | |
| 5007 | Increased | Water Well Destruction Permit | | \$188.00 | per well | \$216.00 | per well | \$28.00 | See footnote 2 |
| 5008 | Increased | Monitoring Well Construction Permit | | \$212.00 | per well | \$225.00 | per well | \$13.00 | |
| 5009 | Increased | Monitoring Well Destruction Permit Miscellaneous Water | | \$195.00 | per well | \$220.00 | per well | \$25.00 | |
| | | Fees | | | | | | | |

Department Name: Fund Center: Public Health - Environmental Health

| | | | ĺ | FY 2016-17 FE | EE SCHEDULE | FY 2017-18 FE | E SCHEDULE | DIFFERENCE | |
|-------------------|-----------------|--|--|---------------|----------------------------|---------------|----------------------------|----------------------------------|---|
| | | | | Curre | nt Fee | Propos | ed Fee | \$ Difference from Prior Year | |
| Fee Indicator# | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 5011 | Increased | Small Water Supply Systems (Water Sample Pickup) | CA Health and Safety Code Sections 4010 et seq | \$57.00 | per sample | \$61.00 | per sample | \$4.00 | |
| 5012 | Increased | Minor Plan Check/Water and Sewage | SLO County Code Chapter 19.07 | \$115.00 | per hour | \$121.00 | per hour | \$6.00 | |
| 5013 | Increased | Ocean Water Samples for Sanitation | CA Code of Regulations Title 17 Sections 7956 et seg | \$57.00 | per sample | \$61.00 | per sample | \$4.00 | |
| 5014 | Increased | Sewage Effluent Samples | SLO County Code Chapter 19.07 | \$57.00 | per sample | \$61.00 | per sample | \$4.00 | |
| | | Land Use | SLO County Code Titles 19, 21, & 22 | | | | | | |
| 6000 | Increased | Statements and Reviews (EIR's) | | \$2,037.00 | statement plus \$115/hr | \$2,159.00 | statement plus \$121/hr | \$122.00 | Fee collected by Planning Dept. See footnotes 1 & 2 |
| 6001 | Increased | Environmental Impact Notice of Preparation | | \$458.00 | per notice | \$485.00 | notice plus \$121/hr | \$27.00 | Fee collected by Planning Dept. See footnote 2 |
| 6002 | Increased | Development Plan | | \$688.00 | per project | \$727.00 | project plus \$121/hr | \$39.00 | Fee collected by Planning Dept. |
| 6003 | Increased | Title 19, 21, and 22 Adjustments and Variances | | \$500.00 | per project | \$528.00 | project plus \$121/hr | \$28.00 | Fee collected by Planning Dept. |
| 6004 | Decreased | Verification of Water Supply/Sewage Disposal | | \$521.00 | per project | \$469.00 | project plus \$121/hr | (\$52.00) | Fee collected by Planning Dept. |
| 6005 | Increased | Minor Use Permit | | \$618.00 | per project | \$653.00 | project plus \$121/hr | \$35.00 | Fee collected by Planning Dept. |
| 6006 | Increased | General Plan Amendment | | \$637.00 | per project | \$669.00 | project plus \$121/hr | \$32.00 | Fee collected by Planning Dept. |
| 6007 | Increased | Tract Map (Public Water & Public Sewer) | | \$1,093.00 | per project | \$1,155.00 | project plus \$121/hr | \$62.00 | Fee collected by Planning Dept. |
| 6008 | Increased | Subdivision Reconsideration | | \$115.00 | per hour | \$121.00 | per hour | \$6.00 | Fee collected by Planning Dept. |
| 6009 | Increased | Specific Plan Amendments | | \$630.00 | per project | \$671.00 | project plus \$121/hr | \$41.00 | Fee collected by Planning Dept. |

Department Name: Public Health - Environmental Health

| | | | | FY 2016-17 FI | EE SCHEDULE | FY 2017-18 FE | E SCHEDULE | DIFFERENCE |] |
|-------------|-----------|---|------------------------------------|---------------|--------------------------|---------------|--------------------------|----------------------------------|---|
| | | | | Curre | nt Fee | Propos | ed Fee | \$ Difference from Prior Year | |
| Fee | Fee | | | | | | | | |
| Indicator # | , | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 6010 | Increased | Tract Maps (Public Water & Onsite Sewage disposal) | | \$1,619.00 | per project | \$1,700.00 | project plus \$121/hr | \$81.00 | Fee collected by Planning Dept. |
| 6011 | Increased | Tract Maps (Private water & Onsite sewage disposal) | | \$2,400.00 | project plus \$115/hr | \$2,484.00 | project plus \$121/hr | \$84.00 | Fee collected by Planning Dept. See footnotes 1 |
| 6012 | Increased | Shared Water Systems 2- 4 Service Connections | | \$404.00 | per project | \$424.00 | project plus \$121/hr | \$20.00 | Fee collected by Planning Dept. |
| 6013 | Increased | Parcel Maps (Public Water & Sewer) | | \$749.00 | per project | \$786.00 | project plus \$121/hr | \$37.00 | Fee collected by Planning Dept. |
| 6014 | Increased | Parcel Maps (Public Water & on site sewer disposal) | | \$961.00 | per project | \$1,009.00 | project plus \$121/hr | \$48.00 | Fee collected by Planning Dept. |
| 6015 | Increased | Parcel Maps (Private water & on site sewage disposal) | | \$1,565.00 | project plus \$115/hr | \$1,643.00 | project plus \$121/hr | \$78.00 | Fee collected by Planning Dept. See footnote 1 |
| 6016 | Increased | Lot Line Adjustments | | \$538.00 | per project | \$568.00 | project plus \$121/hr | \$30.00 | Fee collected by Planning Dept. |
| 6017 | Increased | Planning Department Pre- application Meeting | | \$566.00 | per project | \$597.00 | per project | \$31.00 | Fee collected by Planning Dept. |
| 6018 | Increased | Building Department Pre- application Meeting | | \$636.00 | per project | \$671.00 | per project | \$35.00 | Fee collected by Planning Dept. |
| 6019 | Increased | Certificate of Compliance Review | | \$550.00 | per review | \$580.00 | per review | \$30.00 | Fee collected by Planning Dept. |
| 6020 | Increased | Verification of Primary Drinking Water Stds | | \$230.00 | per verification | \$243.00 | per verification | \$13.00 | Fee collected by Planning Dept. |
| | | Public Swimming Pool/Spa | SLO County Code Chapter 8.60 | | | | | | See footnote 4 & 12 |
| | | Public Swimming Pool/Spa Permit | | | | | | | |
| 7004 | Increased | Single Pool & Spa | | \$559.00 | facility/yr | \$587.00 | facility/yr | \$28.00 | See footnote 2 & 12 |
| 7005 | Increased | Two Pools/Spas @ same site | | \$605.00 | facility/yr | \$614.00 | facility/yr | \$9.00 | See footnote 12 |
| 7006 | Increased | Three Pools/Spas @ same site | | \$609.00 | facility/yr | \$639.00 | facility/yr | \$30.00 | See footnote 2 & 12 |
| 7007 | Increased | Four or more Pools/Spas @ Same Site | | \$803.00 | facility/yr | \$843.00 | facility/yr | \$40.00 | See footnote 12 |
| 7008 | New | Single Pool & Spa- SEASONAL | | | | \$559.00 | facility/yr | | See footnote 12 |
| 7009 | New | Two Pools/Spas @ same site-SEASONAL | | | | \$605.00 | facility/yr | | See footnote 12 |

Department Name: Public Health - Environmental Health

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FE | E SCHEDULE | DIFFERENCE |] |
|---------------------|-----------------|---|--|---------------|-------------|------------------------|---------------------------|----------------------------------|---------------------|
| | | | | Currer | nt Fee | Propose | ed Fee | \$ Difference from Prior Year | |
| Fee | Fee | | | | | | | | |
| Indicator # 7010 | Category New | Fee Description Three Pools/Spas @ | Authority | Fee Amount | Unit Desc. | Fee Amount \$609.00 | Unit Desc. facility/yr | Fee Amount | Comments |
| 7010 | ivew | same site-SEASONAL | | | | , | raciiity/yi | | See footnote 12 |
| 7011 | New | Four or more Pools/Spas @ Same Site- SEASONAL | | | | \$803.00 | facility/yr | | See footnote 2 & 12 |
| | | Temporary Camps - Application Fee | SLO County Code Chapter 8.64 | | | | | | |
| 8000 | Increased | 100 & up campers | | \$804.00 | per camp | \$844.00 | per camp | \$40.00 | See footnote 5 |
| | | Hazardous Materials Facilities | CA Health and Safety Code Sections 25404.1 et seq | | | | | | See footnote 6 & 7 |
| | | Hazardous Materials Disclosure (Business Plans) | CA Health and Safety Code Sections 25404.1 et seq | | | | | | |
| 9001 | Increased | 1 - 4 Hazardous Materials | | \$292.00 | facility/yr | \$310.00 | facility/yr | \$18.00 | See footnote 2 & 12 |
| 9002 | Increased | 5 - 10 Hazardous Materials | | \$318.00 | facility/yr | \$337.00 | facility/yr | \$19.00 | See footnote 12 |
| 9003 | Increased | 11 + Hazardous Materials | | \$385.00 | facility/yr | \$408.00 | facility/yr | \$23.00 | See footnote 12 |
| 9004 | Increased | 1-4 Ag. Hazardous Materials | | \$226.00 | facility/yr | \$240.00 | facility/yr | \$14.00 | See footnote 12 |
| 9005 | Increased | 5 + Ag. Hazardous Materials | | \$290.00 | facility/yr | \$307.00 | facility/yr | \$17.00 | See footnote 2 & 12 |
| 9006 | Increased | Remote Utility (1 time fee) | | \$259.00 | facility/yr | \$275.00 | facility/yr | \$16.00 | |
| | | Hazardous Materials Disclosure (Cal ARP) | CA Health and Safety Code Sections 25404.1 et seq | | | | | | |
| 9007 | Increased | CALARP California Accidental Release Program | | \$1,629.00 | facility/yr | \$1,727.00 | facility/yr | \$98.00 | See footnote 2 & 12 |

Department Name: Fund Center: Public Health - Environmental Health

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FE | E SCHEDULE | DIFFERENCE |] |
|--------------------|-----------------|---|--|---------------|-------------|---------------|-------------|----------------------------------|---------------------|
| | | | | Curre | nt Fee | Propos | ed Fee | \$ Difference from Prior Year | |
| Fee Indicator # | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| | | Site Mitigation | CA Health and Safety Code Sections 25404.1 et seq | | | | | | |
| 9010 | Increased | Consultation & Site Inspection | | \$115.00 | per hour | \$121.00 | per hour | \$6.00 | |
| 9011 | Increased | File Search & Consultation | | \$115.00 | per hour | \$121.00 | per hour | \$6.00 | |
| 9012 | Increased | Contaminated Site Inspection, Document Review & Consultation | | \$115.00 | per hour | \$121.00 | per hour | \$6.00 | |
| | | Hazardous Waste Generators | CA Health and Safety Code Sections 25404.1 et seq | | | | | | |
| 9013 | Increased | Ag Hazardous Waste - 1 waste stream (<27 gal/month self reporter) | | \$80.00 | facility/yr | \$85.00 | facility/yr | \$5.00 | See footnote 2 & 12 |
| 9014 | Increased | 1 waste stream (all others <27 gals/month self reporter) | | \$80.00 | facility/yr | \$88.00 | facility/yr | \$8.00 | See footnote 2 & 12 |
| 9015 | Increased | Ag Hazardous Waste - 2 waste streams (<27 gals/month) | | \$105.00 | facility/yr | \$111.00 | facility/yr | \$6.00 | See footnote 2 & 12 |
| 9016 | Increased | 2 waste streams (all others <27 gals/month) | | \$105.00 | facility/yr | \$116.00 | facility/yr | \$11.00 | See footnote 2 & 12 |
| 9017 | Increased | 1 - 5 waste streams (all others) | | \$326.00 | facility/yr | \$345.00 | facility/yr | \$19.00 | See footnote 12 |
| 9018 | Increased | 6 or more waste streams | | \$420.00 | facility/yr | \$445.00 | facility/yr | \$25.00 | See footnote 2 & 12 |
| 9019 | Increased | Ag Hazardous Waste - 1 - 5 waste streams Tiered Permitting | CA Health and Safety Code Sections 25404.1 et seq | \$284.00 | facility/yr | \$301.00 | facility/yr | \$17.00 | See footnote 12 |
| 9020 | Increased | Conditionally Exempt | | \$492.00 | facility/yr | \$522.00 | facility/yr | \$30.00 | See footnote 2 & 12 |

Department Name: Fund Center: Public Health - Environmental Health

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FE | E SCHEDULE | DIFFERENCE |] |
|--------------------|-----------------|--|--|---------------|--------------|-----------------|--------------|----------------------------------|---------------------|
| _ | | | | Currer | nt Fee | \$ Proposed Fee | | \$ Difference from Prior Year | |
| Fee Indicator # | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 9021 | Increased | Conditionally Authorized | 7 tationty | \$775.00 | facility/yr | \$822.00 | facility/yr | \$47.00 | |
| 9022 | Increased | Permit by Rule | | \$1,695.00 | facility/yr | \$1,797.00 | facility/yr | \$102.00 | See footnote 2 & 12 |
| | | Hazardous Materials Response | CA Health and Safety Code Sections 25503 et seq | | | | | | See footnote 2 & 12 |
| 9023 | Increased | Hazardous materials emergency response or inspection | | \$115.00 | per hour | \$121.00 | per hour | \$6.00 | See footnote 8 |
| | | Underground Storage Tanks | CA Health and Safety Code Sections 25404.1 et seq | | | | | | |
| | | Inspection/Administrative Fee and Annual | | | | | | | |
| 9024 | Increased | Renewal | | \$1,762.00 | per facility | \$1,862.00 | per facility | \$100.00 | See footnote 2 & 12 |
| | | New Underground Storage Tank Installation/Modificatio n Fee | | | | | | | |
| 9025 | Increased | New Installation | | \$4,300.00 | per facility | \$4,558.00 | per facility | \$258.00 | |
| 9026 | Increased | Facility Modification | | \$1,997.00 | per facility | \$2,237.00 | per facility | \$240.00 | |
| 9027 | Increased | Major Repair | | \$1,685.00 | per project | \$1,781.00 | per project | \$96.00 | |
| 9028 | Increased | Minor Repair | | \$974.00 | per project | \$1,091.00 | per project | \$117.00 | See footnote 2 |
| | | Tank Closure by Removal | | | | | | | occ roomote 2 |
| 9029 | Increased | Tank Closure by Removal | | \$1,918.00 | per facility | \$2,033.00 | per facility | \$115.00 | |
| 9030 | Increased | Tank Closure In-Place Tank Closure In-Place | | \$1,239.00 | per tank | \$1,310.00 | per tank | \$71.00 | |
| 9031 | Increased | Additional Tank | | \$115.00 | per tank | \$121.00 | per tank | \$6.00 | |
| | | Inspection Miscellaneous Underground Storage Tank fees | | | | | | | |

Department Name: Fund Center: Public Health - Environmental Health

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FEI | E SCHEDULE | DIFFERENCE |] |
|------------------------------------|----------------------------------|---|--|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|----------------------------------|-----------------|
| | | | | Currer | nt Fee | Propose | ed Fee | \$ Difference from Prior Year | |
| Fee Indicator # 9032 9033 | Fee Category Increased Increased | Fee Description Temporary Closure Additional Tank Inspection Above Ground Storage Tanks | Authority CA Health and Safety Code Sections 25404.1 et seq | Fee Amount \$974.00 \$115.00 | Unit Desc. per tank per hour | Fee Amount \$1,032.00 \$121.00 | Unit Desc. per tank per hour | Fee Amount \$58.00 \$6.00 | Comments |
| 0024 | In ave a seed | Inspection / Administrative Fee and Annual Permits | | #204.00 | non fooiliby | #222.00 | non tomb | Ø40.00 | |
| 9034 | Increased | Renewal All Environmental Health Programs | | \$304.00 | per facility | \$322.00 | per tank | \$18.00 | See footnote 12 |
| 10003 | Increased | Consultation/ Research/File Review | | \$115.00 | per hour | \$121.00 | per hour | \$6.00 | See footnote 8 |
| 10004 | New | Consultant | | | | ACTUAL COST | ACTUAL COST | | See footnote 13 |
| 10005 | New | After hours Inspections/Plan review | | | | \$121.00 | per hour | | See footnote 8 |
| 10006 | Increased | Reinspection Fee | | \$115.00 | per hour | \$121.00 | per hour | \$6.00 | See footnote 8 |

Department Name: Public Health - Environmental Health

| | An hourly rate fee is added for those projects that require more than the projected average number of staff hours. |
|-------------|--|
| 2 N | |
| | Move towards Board of Supervisor policy of full cost recovery. |
| s | Veterans with an honorable discharge operating a business in the incorporated and unincorporated areas of the county and subject to these fees will receive an exemption from health permit and other Environmental Health fees as authorized by the Business and Professions Code, Sections 16000 et seq. |
| 4 N | Non-profit organizations with proof of non-profit status will receive an exemption from these Environmental Health Fees. |
| 5 N | Non-profit organized camps are exempted from the fees in this program. |
| | n addition to the County approved fee, an additional State surcharge is applicable and is subject to change after this |
| 7 A | A fee reduction equivalent to 1/2 hour of the BOS authorized hourly rate shall be applied when CUPA facialites are subject to wo or more programs. |
| 8 T | This fee will be charged at 1.5 times the hourly rate when work is performed during overtime conditions. |
| С | The Director of Environmental Health is authorized to waive fees for applicants who are seeking to reconstruct legally constructed homes and other structures, including associated grading, that were destroyed as a result of a natural or nanmade disaster, where the Board of Supervisors adopts a resolution declaring such a disaster. |
| 4 | The CUPA may authorized a CalARP facility risk management plan audit in compliance with CCR, Title 19, Division 2, Chapte I.5, Section 2775.2 and CUPA Policy P-04 to be conducted by the County's consultant. The fee is charged to the CalARP acility and passed through to the consultant. |
| o s E | Environmental Health may authorize a consultant to review and oversee site remediation/clean up projects. Review and oversight consists of but not limited to review site work and safety plans, oversee customer field work to verify compliance with site health and safety plans, review phase I and phase II site investigation reports, and provide verbal and written reports to Environmental Health regarding site closure and /or required mitigation. Actual cost of consultant is charged to the customer and passed through to the consultant. |
| s | n the case of a new business required to pay an annual fee pursuant to resolution of the Board of Supervisors, annual fees shall be prorated on a quarterly basis for the remaining part of the year, however no fee shall be prorated to an amount less han five dollars. |
| 13 T | This fee will be charged for consultant services such as technical geology review for the well program. |

Department Name: Public Health - Nursing

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FE | FY 2017-18 FEE SCHEDULE | | 1 |
|-------------------|-----------------|---|--|---------------|------------|---------------|-------------------------|------------|----------------------------|
| | | | | Curren | t Fee | Proposed Fee | Proposed Fee fr | | |
| Fee Indicator# | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| | | FAMILY HEALTH SERVICES DIVISION | | | | | | | |
| 1000 | | Health Fees | H&S, Sec, 510 & Gov Code 54985 (a) | | | | | | |
| 1002 | Increased | Office Visit - 10 min New Client (99201) | | \$84.00 | per visit | \$92.00 | per visit | \$8.00 | See Footnote 1, 2, 3, 4, 5 |
| 1003 | Increased | Office Visit- 10 min Established Client (99212) | | \$67.00 | per visit | \$73.00 | per visit | \$6.00 | See Footnote 1, 2, 3, 4, 5 |
| 1004 | Increased | Office Visit- 15 min Established Client (99213) | | \$70.00 | per visit | \$77.00 | per visit | \$7.00 | See Footnote 1, 2, 3, 4, 5 |
| 1005 | Increased | Office Visit- 20 min New Client (99202) | | \$101.00 | per visit | \$111.00 | per visit | \$10.00 | See Footnote 1, 2, 3, 4, 5 |
| 1006 | Increased | Office Visit- 30 min New Client (99203) | | \$143.00 | per visit | \$157.00 | per visit | \$14.00 | See Footnote 1, 2, 3, 4, 5 |
| 1007 | Increased | Office Visit- 25 min Established Client (99214) | | \$101.00 | per visit | \$111.00 | per visit | \$10.00 | See Footnote 1, 2, 3, 4, 5 |
| 1008 | Increased | Office Visit- 45 min New Client (99204) | | \$185.00 | per visit | \$203.00 | per visit | \$18.00 | See Footnote 1, 2, 3, 4, 5 |
| 1009 | Increased | Office Visit for administration of single Immunization (90471) | | \$25.00 | per visit | \$27.00 | per visit | \$2.00 | See Footnote 2, 3, 4 |

Department Name: Public Health - Nursing

| | | | | FY 2016-17 FEE SCHEDULE FY 2017-18 FEE SCHEDULE | | DIFFERENCE | 1 | | |
|----------------------------|------------------------------|--|------------------------------------|---|---|-----------------------|---|----------------------------------|----------------------------------|
| | | | | Curren | t Fee | Proposed Fee | | \$ Difference from Prior Year | |
| Fee Indicator # 1010 | Fee Category Increased | Fee Description Two or more Immunizations during one office visit (In addition to single Immunization fee) (90472) | Authority Gov Code 54985 (A) | Fee Amount \$20.00 | Unit Desc. multiple immunizations | Fee Amount \$22.00 | Unit Desc. multiple immunizations | Fee Amount \$2.00 | Comments See Footnote 2, 3, 4 |
| 2000 | | Sliding Fee | | | | | | | |
| 2001 | Increased | Targeted Case Management (TCM) | | \$0 - \$406 | per visit | \$0-\$600 | per visit | \$194.00 | See Footnote 7 |
| 3000 | | Community Education / Consultation | | | | | | | |
| 3002 | Increased | Public Health Nursing Consultation, Education Outreach/Hour | | \$101.00 | per hour | \$111.00 | per hour | \$10.00 | See Footnote 2, 7 |
| 4000 | | Medical Marijuana | | | | | | | |
| 4001 | Increased | Medical Marijuana ID Card | H&S, Section 11362.7) | \$65.00 | per card | \$71.00 | per card | \$6.00 | See Footnote 6 |

| Footnote # Footnote Narrative |
|--|
| 1 Sliding fee scale based on household income and number of dependents. |
| 2 Under the authority of the Health Officer and mandate of the Department of Public Health to prevent the spread of communicable diseases or occurrence of additional |
| cases (California Health and Safety Code section 120175), fees may be waived or reduced to an amount a patient is able to pay. |
| 3 All significant supplies and medications are additional at a rate not to exceed direct and indirect costs. |
| 4 The Nursing unit uses office visit procedure codes defined by Medi-Cal CPT codes established by the American Medical Association. These office visits include staff |
| time associated with the procedure. Associated supplies are added to office visit based on a quarterly updated supply list as referenced in Footnote #3. |
| 5 The charges do not include Public Health Laboratory fees. Please see Public Health Laboratory fee schedule for specific laboratory tests. |
| 6 MMIC program is only allowed to charge Medi-Cal clients 50% of the approved fee, per State of California guidelines. The State surcharge amount is over and above the |
| local MMIC fee. The surcharge is based on State notification and is subject to change after this publication. |
| 7 In high-risk cases/situations where the health and well being of a client or the public are deemed to be at public health risk, Public Health Nurse Case Managers/Public |
| Health Nurse Supervisors are authorized to waive required fees. |

Department Name: Public Health - Tobacco Control Program

| | | | | FY 2016-17 FEE SCHEDULE FY 2017-18 FEE SCHEDULE | | DIFFERENCE | | | |
|---------------|-----------------------|--|--------------------------------|---|----------------------------|------------------------|----------------------------|----------------------------------|----------|
| | | | | Cu | irrent Fee | Proposed Fee | | \$ Difference from Prior Year | |
| Fee Indicator | | F. D. C. C. | A the site | Face Associated | H-1 B | For America | Heil Barre | 5 A | 0 |
| 1000 | Category Increased | Fee Description Tobacco Retailer License | Authority Cal Bus. & Prof Code | Fee Amount \$488.00 | Unit Desc. per facility | Fee Amount \$492.00 | Unit Desc. per facility | Fee Amount \$4.00 | Comments |
| | | | Section 22971.3 | | | | | | |

| | | | | FY 2016-17 FE | E SCHEDULE | | | | |
|-------------------|--------------|---|--------------------------------|---------------|------------|--------------|------------|----------------------------------|-----------------------------------|
| | | | | Current Fee | | Proposed Fee | | \$ Difference from Prior Year | |
| Fee Indicator# | Fee Category | Fee Description LABORATORY DIVISION | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 5000 | | Laboratory Fees | H&S Code 101150 & 101155 | | | | | | See Footnote 1 and 2 for all fees |
| 5001 | Increased | Aeromonas-Plesiomonas culture | | \$32.00 | each | \$35.00 | each | \$3.00 | |
| 5002 | Increased | Antibiotic susceptibility testing | | \$33.00 | each | \$37.00 | each | \$4.00 | |
| 5003 | Increased | Bacteriologic Isolate ID | | \$108.00 | each | \$118.00 | each | \$10.00 | |
| 5004 | Increased | Bacteriology primary culture | | \$67.00 | each | \$74.00 | each | \$7.00 | |
| 5005 | Increased | Blood lead | | \$30.00 | each | \$32.00 | each | \$2.00 | |
| 5006 | Increased | Bordetella PCR | | \$116.00 | each | \$128.00 | each | \$12.00 | |
| 5007 | Increased | Campylobacter culture | | \$31.00 | each | \$33.00 | each | \$2.00 | |
| 5008 | Increased | Chlamydia amplified assay batch size 50 | | \$41.00 | each | \$43.00 | each | \$2.00 | |
| 5009 | Increased | Chlamydia amplified assay batch size 100 | | \$34.00 | each | \$35.00 | each | \$1.00 | |
| 5010 | Increased | Chlamydia amplified assay batch size 200 | | \$28.00 | each | \$29.00 | each | \$1.00 | |
| 5011 | Increased | Coccidioides immitis probe | | \$71.00 | each | \$80.00 | each | \$9.00 | |
| 5012 | Increased | Enterovirus PCR (old name Coccidioides PCR) | | \$116.00 | each | \$128.00 | each | \$12.00 | |
| 5013 | Increased | Comprehensive Parasitology Panel | | \$189.00 | each | \$213.00 | each | \$24.00 | |
| 5014 | Increased | Comprehensive Stool Culture | | \$193.00 | each | \$214.00 | each | \$21.00 | |
| 5015 | Increased | Concentration | | \$19.00 | each | \$21.00 | each | \$2.00 | |
| 5016 | Increased | Cryptosporidium-Giardia DFA | | \$55.00 | each | \$57.00 | each | \$2.00 | |
| 5017 | Increased | Cyclospora direct exam | | \$77.00 | each | \$81.00 | each | \$4.00 | |

| | | | | FY 2016-17 FE | E SCHEDULE | | | | |
|-------------------|--------------|---|-----------|---------------|------------|--------------|------------|----------------------------------|----------|
| | | | | Curren | t Fee | Proposed Fee | _ | \$ Difference from Prior Year | |
| Fee Indicator# | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 5018 | Increased | Direct microscope exam, food | , | \$123.00 | each | \$127.00 | each | \$4.00 | |
| 5019 | Decreased | Domoic acid, shellfish meat | | \$179.00 | each | \$167.00 | each | (\$12.00) | |
| 5020 | Increased | E coli shigatoxin-producing, culture | | \$33.00 | each | \$36.00 | each | \$3.00 | |
| 5021 | Increased | Enteric pathogens culture, food | | \$136.00 | each | \$139.00 | each | \$3.00 | |
| 5022 | Increased | Enterococci, MPN | | \$25.00 | each | \$26.00 | each | \$1.00 | |
| 5023 | Increased | Fecal coliforms, shellfish meat | | \$132.00 | each | \$149.00 | each | \$17.00 | |
| 5024 | Increased | Fecal coliforms, water | | \$49.00 | each | \$55.00 | each | \$6.00 | |
| 5025 | Decreased | Gastrointestinal PCR Panel (old name Gastrointestinal Pathogen PCR Panel) | | \$252.00 | each | \$218.00 | each | (\$34.00) | |
| 5026 | Increased | Gonorrhea amplified assay batch size 50 | | \$41.00 | each | \$43.00 | each | \$2.00 | |
| 5027 | Increased | Gonorrhea amplified assay batch size 100 | | \$34.00 | each | \$35.00 | each | \$1.00 | |
| 5028 | Decreased | Gonorrhea amplified assay batch size 200 | | \$30.00 | each | \$29.00 | each | (\$1.00) | |
| 5029 | Increased | Gram stain | | \$24.00 | each | \$27.00 | each | \$3.00 | |
| 5030 | Increased | Helminth-Arthropod identification | | \$37.00 | each | \$41.00 | each | \$4.00 | |
| 5031 | Increased | Herpes virus culture | | \$62.00 | each | \$69.00 | each | \$7.00 | |
| 5032 | Increased | Herpes virus fluorescent antibody confirmation | | \$55.00 | each | \$61.00 | each | \$6.00 | |
| 5033 | Increased | Heterotrophic Plate Count | | \$30.00 | each | \$33.00 | each | \$3.00 | |
| 5034 | Increased | HIV antibody differentiation test | | \$56.00 | each | \$62.00 | each | \$6.00 | |
| 5035 | Increased | HIV antibody, Western blot, oral fluid | | \$133.00 | each | \$147.00 | each | \$14.00 | |

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FEE | SCHEDULE | DIFFERENCE | l |
|-------------------|--------------|---|-----------|---------------|------------|----------------|------------|----------------------------------|----------|
| | | | | Curren | t Fee | Proposed Fee | _ | \$ Difference from Prior Year | |
| Fee Indicator# | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 5036 | Increased | HIV-1 antibody, Oral fluid, Batch size 50 (old name HIV 1,2+0 antibody, EIA, oral fluid_Batch size 50) | | \$26.00 | each | \$28.00 | each | \$2.00 | |
| 5037 | Increased | HIV-1 antibody, Oral fluid, Batch size 100 (old name HIV 1,2+0 antibody, EIA, oral fluid_Batch size 100) | | \$22.00 | each | \$23.00 | each | \$1.00 | |
| 5038 | Increased | HIV-1 antibody, Oral fluid, Batch size 200 (old name HIV 1,2+0 antibody, EIA, oral fluid_Batch size 200) | | \$18.00 | each | \$20.00 | each | \$2.00 | |
| 5039 | Increased | HIV antibody, Serum, Batch size 50 (old name HIV 1,2+0 antibody, EIA, serum_Batch size 50) | | \$30.00 | each | \$31.00 | each | \$1.00 | |
| 5040 | Increased | HIV antibody, Serum, Batch size 100 (old name HIV 1,2+0 antibody, EIA, serum_Batch size 100) | | \$23.00 | each | \$25.00 | each | \$2.00 | |
| 5041 | Increased | HIV antibody, Serum, Batch size 200 (old name HIV 1,2+0 antibody, EIA, serum_Batch size 200) | | \$22.00 | each | \$24.00 | each | \$2.00 | |
| 5042 | Increased | Human Papilloma Virus amplified assay | | \$58.00 | each | \$65.00 | each | \$7.00 | |
| 5043 | Increased | Influenza virus PCR | | \$116.00 | each | \$128.00 | each | \$12.00 | |
| 5044 | Increased | Isospora special direct exam | | \$66.00 | each | \$69.00 | each | \$3.00 | |
| 5045 | Increased | M. avium complex probe | | \$66.00 | each | \$76.00 | each | \$10.00 | |
| 5046 | Increased | M. gordonae probe | | \$66.00 | each | \$76.00 | each | \$10.00 | |
| 5047 | Increased | M. kansasii probe | | \$66.00 | each | \$76.00 | each | \$10.00 | |
| 5048 | Increased | M. tuberculosis amplification test | | \$87.00 | each | \$96.00 | each | \$9.00 | |
| 5049 | Increased | M. tuberculosis complex probe | | \$66.00 | each | \$76.00 | each | \$10.00 | |

Department Name: Public Health - Laboratory

Fund Center: 16010

FY 2016-17 FEE SCHEDULE FY 2017-18 FEE SCHEDULE DIFFERENCE \$ Difference from Prior Year Proposed Fee Current Fee Fee Indicator # Fee Category Fee Description Authority Fee Amount Unit Desc. Fee Amount Unit Desc. Fee Amount Comments 5050 Increased Measles Virus PCR \$116.00 \$128.00 \$12.00 each each Microsporidia special direct \$66.00 \$69.00 \$3.00 5051 Increased each each 5052 Misc. testing per hour \$127.00 \$134.00 \$7.00 Increased each each 5053 Mumps Virus PCR \$116.00 \$128.00 \$12.00 Increased each each 5054 Increased Mycobacterial isolate ID \$107.00 \$118.00 \$11.00 each each 5055 Mycologic isolate ID \$107.00 \$119.00 \$12.00 Increased each each Mycology culture & 5056 Increased \$84.00 \$93.00 \$9.00 each each identification 5057 Increased Mycology direct exam \$31.00 \$35.00 \$4.00 each each N gonorrhoeae culture \$22.00 5058 Decreased \$24.00 (\$2.00) each each 5061 \$116.00 \$12.00 Increased Norovirus PCR each \$128.00 each 5062 \$17.00 \$19.00 \$2.00 Increased Nucleic acid extraction each each \$53.00 \$59.00 \$6.00 5063 Increased Ova and Parasites each each Parasite blood smear exam \$39.00 \$43.00 \$4.00 5064 Increased each each Parasite Exam - Trichrome \$39.00 \$43.00 \$4.00 5065 Increased each each Parasite wet mount, feces \$48.00 \$53.00 \$5.00 5066 Increased each each \$33.00 5067 Pinworm Examination \$30.00 \$3.00 Increased each each \$116.00 5068 Pox virus PCR \$128.00 \$12.00 Increased each each 5069 Increased Pseudomonas Count \$24.00 \$27.00 \$3.00 each each 5070 Increased Quantiferon batch size 17 \$53.00 \$59.00 \$6.00 each each

Department Name: Public Health - Laboratory

Fund Center: 16010

FY 2016-17 FEE SCHEDULE FY 2017-18 FEE SCHEDULE DIFFERENCE \$ Difference from Prior Year Proposed Fee Current Fee Fee Indicator # Fee Category Authority Fee Amount Unit Desc. Fee Amount Unit Desc. Fee Amount Comments Fee Description 5071 Increased Quantiferon batch size 50 \$43.00 \$48.00 \$5.00 each each 5072 Quantiferon batch size 100 \$38.00 \$43.00 \$5.00 Increased each each 5073 Rabies DFA \$104.00 \$116.00 \$12.00 Increased each each 5074 Respiratory (lower) PCR \$383.00 \$232.00 Decreased (\$151.00)each each Panel (old name Respiratory Illness Agent PCR Panel) 5075 Respiratory PCR Panel (old \$190.00 Decreased \$218.00 (\$28.00)each each name Respiratory Virus Agent PCR Panel) RPR, serum \$25.00 \$3.00 5076 Increased \$22.00 each each RPR, serum, titer \$41.00 \$45.00 \$4.00 5077 Increased each each \$26.00 \$28.00 \$2.00 5079 Increased Salmonella culture each each \$54.00 \$60.00 \$6.00 5080 Increased Shigatoxin each each Shigella culture \$29.00 \$32.00 \$3.00 5081 Increased each each 5082 Increased Standard Parasitology Panel \$177.00 \$196.00 \$19.00 each each 5083 Increased Stool culture \$81.00 \$88.00 \$7.00 each each 5084 Increased Stool Culture isolate ID \$105.00 \$111.00 \$6.00 each each 5085 Increased Streptococcus Culture \$28.00 each \$31.00 each \$3.00 Surface Sanitation Culture \$24.00 \$26.00 \$2.00 5086 Increased each each TB culture & identification \$78.00 \$3.00 5087 \$75.00 Increased each each batch size 2 5088 TB culture & identification Increased \$51.00 each \$57.00 each \$6.00 batch size 100 5089 \$47.00 \$52.00 \$5.00 Increased TB culture & identification each each batch size 200

| | | | | E SCHEDULE | FY 2017-18 FEE | SCHEDULE | DIFFERENCE | | |
|-------|---------------------------|--|-----------|-----------------------|----------------|-----------------------|------------|-------------------------------|----------|
| | | | | | | | | \$ Difference from Prior Year | |
| Fee " | - 0.1 | 5 5 | | | | | | | |
| 5090 | Fee Category Increased | Fee Description TB fluorescent smear | Authority | Fee Amount \$29.00 | Unit Desc. | Fee Amount \$32.00 | Unit Desc. | Fee Amount \$3.00 | Comments |
| 5090 | increased | 16 huorescent sinear | | \$29.00 | each | \$32.00 | each | \$ 3.00 | |
| 5091 | Increased | TB fluorescent smear (urgent) | | \$134.00 | each | \$149.00 | each | \$15.00 | |
| 5092 | Increased | Tick Identification | | \$26.00 | each | \$29.00 | each | \$3.00 | |
| 5093 | Increased | Total coliforms-Ecoli,MPN | | \$27.00 | each | \$28.00 | each | \$1.00 | |
| 5094 | Increased | Total coliforms-Ecoli, MPN presence/absence batch size 50 | | \$23.00 | each | \$24.00 | each | \$1.00 | |
| 5095 | Increased | Total coliforms-Ecoli, MPN presence/absence batch size 100 | | \$20.00 | each | \$22.00 | each | \$2.00 | |
| 5096 | Increased | Total coliforms-Ecoli, MPN presence/absence batch size 200 | | \$19.00 | each | \$20.00 | each | \$1.00 | |
| 5097 | Increased | TP-PA | | \$57.00 | each | \$58.00 | each | \$1.00 | |
| 5098 | Increased | Trichomonas vaginalis amplified assay | | \$49.00 | each | \$54.00 | each | \$5.00 | |
| 5099 | Increased | Urgent Charge - per episode (Testing done outside regularly scheduled hours) | | \$130.00 | each | \$146.00 | each | \$16.00 | |
| 5100 | Increased | Urine culture | | \$43.00 | each | \$47.00 | each | \$4.00 | |
| 5101 | Increased | Varicella zoster antibody | | \$43.00 | each | \$48.00 | each | \$5.00 | |
| 5102 | Increased | Varicella Zoster PCR | | \$116.00 | each | \$128.00 | each | \$12.00 | |
| 5103 | Increased | VDRL, CSF | | \$30.00 | each | \$33.00 | each | \$3.00 | |
| 5104 | Decreased | Vibrio culture | | \$38.00 | each | \$37.00 | each | (\$1.00) | |
| 5105 | Increased | Virus culture | | \$68.00 | each | \$76.00 | each | \$8.00 | |
| 5106 | Increased | Wet prep vaginal | | \$41.00 | each | \$46.00 | each | \$5.00 | |

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FEE | SCHEDULE | DIFFERENCE | |
|-------------|--------------|---------------------------------|-----------|---------------|------------|----------------|------------|----------------------------------|----------|
| | | | | Current Fee | | Proposed Fee | | \$ Difference from Prior Year | |
| | | | | | | | | | |
| Fee | | | | | | | | | |
| Indicator # | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 5107 | Increased | Yersinia enterocolitica culture | | \$38.00 | each | \$42.00 | each | \$4.00 | |
| | | | | | | | | | |

| Footnote # | Footnote Narrative |
|------------|---|
| 1 | Under the authority of the Health Officer and mandate of the Department of Public Health to prevent the spread of communicable diseases or occurrence of additional cases |
| | (California Health and Safety Code section 120175), fees may be waived or reduced to an amount a patient is able to pay. |
| 2 | Sliding fee scale based on household income and number of dependants. |

Department Name: Public Health - Emergency Medical Services Agency

Department Name: Public Fund Center: 16013

| | | | | FY 2016-17 FEE SCHEDULE FY 2017-18 FEE SCHEDULE | | | | DIFFERENCE | 1 |
|---------------|-----------------|---|--|---|------------|--------------|------------|-------------------------------|----------------|
| | | | | | nt Fee | Proposed Fee | | \$ Difference from Prior Year | |
| Fee Indicator | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| | | Emergency Medical Services Agency Division | | | | | | | |
| 1000 | | Training | | | | | | | |
| 1001 | Increased | Advanced Protocol Review (APR) Class | H&S 1797.213(a) | \$137.00 | each | \$147.00 | each | \$10.00 | |
| 1002 | Increased | Mobile Intensive Care Nurse(MICN) Initial Auth Course | | \$318.00 | each | \$340.00 | each | \$22.00 | |
| 1003 | Increased | Mobile Intensive Care Nurse(MICN) Refresher Course | | \$115.00 | each | \$130.00 | each | \$15.00 | |
| 2000 | | Accreditation / Certification Fees | | | | | | | |
| 2001 | Increased | EMT Initial Certification | H&S 1797.212 | \$23.00 | each | \$25.00 | each | \$2.00 | See Footnote 1 |
| 2002 | Increased | EMT Re-Certification | H&S 1797.212 | \$23.00 | each | \$25.00 | each | \$2.00 | See Footnote 1 |
| 2003 | Increased | Paramedic Accreditation | Title 22 Division 9 Chpt 4. Article 8.100171 (a) | \$143.00 | each | \$150.00 | each | \$7.00 | |
| 2004 | Increased | Paramedic Re- Accreditation | Title 22 Div 9 Chpt 4 Article 5.100165(h) | \$143.00 | each | \$150.00 | each | \$7.00 | |
| 2005 | Increased | Rush Fee | | \$71.00 | each | \$80.00 | each | \$9.00 | |
| 2006 | Increased | Detailed Administrative Investigation Fee | | \$143.00 | per hour | \$150.00 | per hour | \$7.00 | |
| 2007 | Increased | Lost Card Replacement | | \$10.00 | each | \$12.00 | each | \$2.00 | |
| 2008 | Increased | EMR Initial Certification | H & S 1797.204/220 and 1798 et seq | \$23.00 | each | \$25.00 | each | \$2.00 | |
| 2009 | Increased | EMR Re-Certification | H & S 1797.204/220 and 1798 et seq | \$23.00 | each | \$25.00 | each | \$2.00 | |

Department Name: Fund Center: Public Health - Emergency Medical Services Agency

| | | | | FY 2016-17 FE | E SCHEDULE | FY 2017-18 FEE SCHEDULE | | DIFFERENCE | |
|--------------------|----------|--|---------------------------------------|---------------|------------|-------------------------|------------|----------------------------------|----------------|
| | | | | Current Fee | | Proposed Fee | | \$ Difference from Prior Year | |
| Fee Indicator # | Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 4000 | | Program Approval | | | | | | | |
| 4001 | | Continuing Education (CE) Provider | Title 22 Division 9 Chpt. 4 100393 | \$71.00 | each | \$85.00 | each | \$14.00 | |
| 4006 | | Program Review Fee/Hour | | \$143.00 | per hour | \$170.00 | per hour | \$27.00 | See Footnote 2 |

| | Footnote # | Footnote Narrative |
|---|------------|--|
| Ī | 1 | In addition to the County approved fee, an additional State surcharge is applicable and is subject to change after this publication. |
| Ī | 2 | Hourly Program Review Fee when consultation is requested for EMT or Paramedic training programs. |

Public Health - Suspected Abuse Response Team 16014 **Department Name:**

| | | | | FY 2016-17 F | EE SCHEDULE | FY 2017-18 F | DIFFERENCE |] | |
|-------------------|--------------|-------------------------------------|-------------------------|--------------|-------------|--------------|------------|----------------------------------|----------------|
| | | | | Curr | ent Fee | Propo | sed Fee | \$ Difference from Prior Year | |
| Fee Indicator# | Fee Category | Fee Description | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments |
| 14001 | | SART Level 1 | H&S 1281/ PC 13823.9 | \$478.00 | per exam | \$520.00 | per exam | \$42.00 | See Footnote 1 |
| 14002 | Increased | SART Level 2 | H&S 1281/ PC 13823.9 | \$1,302.00 | per exam | \$1,416.00 | per exam | \$114.00 | See Footnote 1 |
| 14003 | Increased | SART Level 3 | H&S 1281/ PC 13823.9 | \$1,513.00 | per exam | \$1,646.00 | per exam | \$133.00 | See Footnote 1 |
| 14004 | Increased | SCAN Exam | H&S 1281/ PC 13823.9 | \$534.00 | per exam | \$581.00 | per exam | \$47.00 | See Footnote 1 |
| 14005 | | SART Nursing hourly rate | | \$133.00 | per hour | \$145.00 | per hour | \$12.00 | See Footnote 1 |
| 14006 | Increased | SART Nursing hourly rate w/callback | | \$267.00 | per hour | \$290.00 | per hour | \$23.00 | |
| | | | | | | | | | See Footnote 1 |

| Footnote # Footno | note Narrative |
|--------------------|--|
| 1 The ch | charges do not include Public Health Laboratory fees. Please see Public Health Laboratory fee schedule for specific laboratory tests associated with |
| SART/ | T/SCAN exams |

Department Name: Behavioral Health Fund Center: 16601 & 16602

| | | | | FY 2016-17 FE | E SCHEDULE | ULE FY 2017-18 FEE SCHEDULE | | DIFFERENCE | |
|----------------------|-----------------|---|-----------|---------------|------------|-----------------------------|------------|----------------------------------|--|
| | | | | Curren | t Fee | Proposed Fee | | \$ Difference from Prior Year | |
| Fee Indicator # 1000 | Fee Category | Fee Description Fund Center-16602 Drug and Alcohol Treatment Programs | Authority | Fee Amount | Unit Desc. | Fee Amount | Unit Desc. | Fee Amount | Comments Footnote 1 |
| 1001 | Increased | Medication Evaluation | | \$100.00 | Each | \$117.00 | Each | \$17.00 | Cost for medication evaluation provided by licensed individual. Footnote 1 |
| 1002 | Increased | Individual Counseling | | \$86.00 | Per Hour | \$94.00 | Per Hour | \$8.00 | Footnote 1 |
| 1003 | Increased | Group Counseling | | \$34.00 | Each | \$37.00 | Each | \$3.00 | Footnote 1 |
| 1004 | Deleted | Client Assessment | | \$288.00 | Each | | | (\$288.00) | Court Ordered Assessment - Extended Program |
| 1005 | Increased | Absence Fee | | \$34.00 | Each | \$37.00 | Each | \$3.00 | |
| 1006 | Increased | Urine Testing | | \$24.00 | Each | \$25.00 | Each | \$1.00 | |
| 1007 | Increased | Urine Testing - ETG | | \$36.00 | Each | \$38.00 | Each | \$2.00 | Urine test used strictly to determine the presence of alcohol in the system - ETG. |
| 1008 | Increased | Patch Test Fee | | \$68.00 | Each | \$75.00 | Each | \$7.00 | Patch drug test is used as an alternative to the normal urine testing for clients who are unable to test frequently. |
| 1009 | Increased | Urine Testing - Dip | | \$15.00 | Each | \$16.00 | Each | \$1.00 | Urine test used to determine the presence of drugs in the system. |
| 1011 | Decreased | Detox Program Fee - Suboxone | | \$752.00 | Per Prgm | \$727.00 | Per Prgm | (\$25.00) | Footnote 1 |
| 1012 | Increased | Detox Fee Hrly - Alcohol & Opiates | | \$104.00 | Each | \$145.00 | Each | \$41.00 | Footnote 1 |
| 1013 | Increased | Intensive Outpatient Treatment | | \$135.00 | Each | \$180.00 | Each | \$45.00 | Footnote 1 |
| 1014 | Decreased | Non Perinatal Intensive Outpatient Treatment | | \$117.00 | Each | \$63.00 | Each | (\$54.00) | Footnote 1 |
| 1016 | New | Medication Assited Treatment (MAT) | | | | \$145.00 | Each | | New fee request |

Department Name: Behavioral Health Fund Center: 16601 & 16602

| | | | FY 2016-17 F | FY 2016-17 FEE SCHEDULE | | FY 2017-18 FEE SCHEDULE | | |
|------|-----------|--|--------------|-------------------------|------------|-------------------------|------------|--------------------------------|
| | | | Curre | Current Fee | | Proposed Fee | | |
| 1017 | New | Prevention & Outreach Hourly Rate | | | \$87.00 | Per Hour | | New fee request |
| 3000 | | Fund Center-16601 Specialty Mental Health Services | | | | | | |
| 3001 | Increased | Mental Health Services | \$4.90 | Minute | \$5.20 | minute | \$0.30 | See Footnote 2 |
| 3002 | Increased | Medication Support | \$7.27 | Minute | \$7.72 | minute | \$0.45 | See Footnote 2 |
| 3004 | Increased | Day Treatment: Intensive (Full Day) | \$380.80 | Day | \$404.40 | day | \$23.60 | See Footnote 2 |
| 3007 | Increased | Psychiatric Health Facility (PHF) | \$1,746.40 | Day | \$1,893.02 | day | \$146.62 | See Footnote 2 |
| 3008 | Deleted | Adult Residential | \$183.07 | Day | \$0.00 | | (\$183.07) | Delete - services not provided |

| Footnote # | Footnote Narrative |
|------------|---|
| | 1 While the standard treatment fees are calculated and based on the cost of doing business, clients are assessed a fee based on their ability to pay. The ability to pay is calculated based on a |
| | sliding fee scale, taking into consideration factors such as household income and the number of dependents in the household. |
| | 2 FC 16601 receives Medi-Cal reimbursement based on actual costs or published rate, whichever is lower. |